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ABSTRACT

As a result of growing concern for American Indian elderly and an awareness of many not participating in entitlement programs (Food Stamps, Commodities) for which they were eligible, representatives of the Administration for Native Americans and the National Indian Council on Aging (NICOA) planned to conduct an access survey and to develop an access model. Beginning in spring 1979, four reservation sites (Papago, Jicarilla Apache, Pine Ridge, and Confederated Tribes of Siletz) were surveyed and data gathered through personal interviews with Indian elderly people. In addition to reservation survey efforts, a similar survey was conducted in Albuquerque during 1982. This survey compiled the same types of information as the reservation-based surveys, except that this effort was aimed at discerning the needs of urban Indian elderly. Survey findings presented needs of reservation and urban Indian elderly regarding income for basic subsistence needs, protection and surveillance against abuse and burglary, transportation, household maintenance, information and advocacy for enrollment in entitlement programs, a "comforter" visitation program, cultural enrichment activities, and educational effort for relatives of the elderly to encourage assistance. A description of an Access Project Model with five action plans concludes the report. Appendices provide job descriptions, work plan, sample letter, role of NICOA, and statistical information on elderly participation. (ERB)

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ACCESS

a Demonstration Project

ENTITLEMENT PROGRAMS For INDIAN ELDERS

FINAL REPORT

RC013999

ACCESS

A
Demonstration Project
Entitlement Programs
For
Indian Elders

FINAL REPORT
October, 1982

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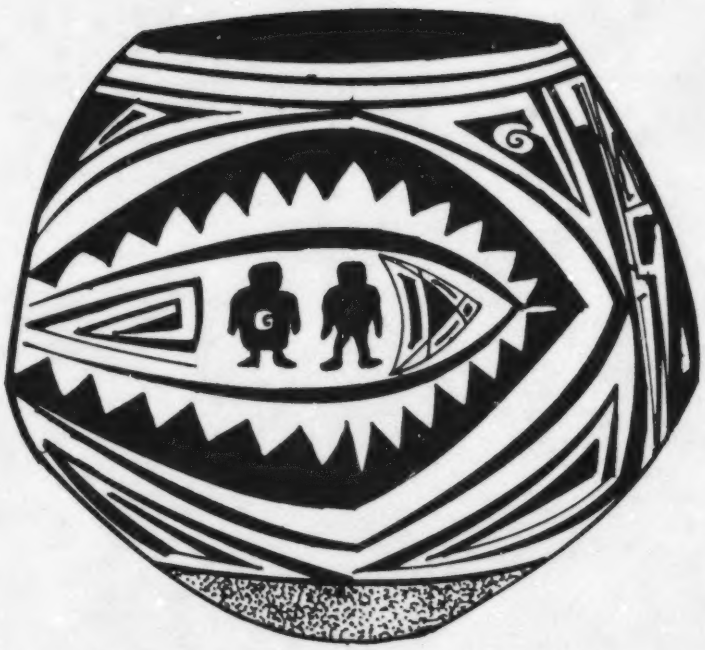
I. INTRODUCTION



I. INTRODUCTION

PREFACE

The Economic, social and health needs of the American Indian and Alaskan Native elderly have been discussed and well documented in numerous studies and publications previous to this report of the National Indian Council on Aging. To reiterate all of the statistics which have been brought to light in previous publications would be unnecessarily repetitious. Those statistics and conclusions will be cited here only as they relate to this present discussion. Therefore it is not the intent of this report to plow old ground (so to speak), but rather to analyze the soil (make observations on the data), and to plant seed which is most likely to bear the desired fruit (i.e., recommend principles and action plans which can be replicated by the tribes and agencies across the country, and which will result in a general improvement in the status of Indian elderly wherever the principles are applied).

It is possible that, with the shifting of emphasis from statistics to a more subjective discussion of the underlying factors influencing those statistics, one could lose sight of the extensiveness of the problems faced by American Indian elderly. That would be an unfortunate misunderstanding of the intent of the report. It should be kept in mind that available statistical information both corroborates and intensifies the needs discussed here. It has been well established that many American Indian and Alaskan Native elderly people are rooted in an almost incredible milieu of isolation and poverty. Ill health, along with psychological, social and economic deprivation exist among these elderly to an intolerable degree. In response to this need, NICOA presents this report in the hope that it will be instrumental in stimulating further definitive action to make much needed services truly available to Indian and Alaskan Native elderly.

In reviewing much of the available material, which ostensibly describes the plight of American Indian and Alaskan Native elderly, one is impressed with an overwhelming sequence of statistics, extrapolations and generalizations. But there is a marked scarcity of discussions of the personal underlying factors which magnify the problems of the elderly and which limit or prohibit altogether their ability to gain access to services. It seems that much of the available material defines the needs only in terms of their symptoms; and "access" is simplistically defined as: getting one of these elderly persons from point A to point B. However, true access is not just putting a person in touch with a service provider (or vice versa); it is a means of facilitating an on-going relationship which assures that the needs are fully and continually met, and it requires an approach to the problem which successfully overcomes all barriers (including the psychological, attitudinal, and cultural barriers).

This study, therefore, seeks to get at the "real" reasons why vast numbers of

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Indian and Alaskan Native elderly are not gaining access to services to which they are entitled. For example, it has been repeatedly asserted in previous studies that the lack of transportation is a major barrier to access. In many cases, this is true; but in others it is not the whole truth. For some of these elderly persons find themselves in highly mobile societies, and still do not take advantage of transportation which is available. Why? That is one of the questions this study seeks to answer; and, in so doing, provides insights into root causes — instead of just treating the symptoms.

There are other subtle factors which interfere with the ability of the Indian elderly to take full and free advantage of services. For example, the American Indian and Alaskan Native elderly people who are advanced in years are more likely to be resolute traditionalists than are some in the younger age groups. This intransigence of the elderly leads to varying levels of cultural and social isolationism, in which the traditionalists are more likely to rely on their "old ways" for the provision of their needs; as illustrated in the case of an Indian elder who depends on native remedies and practitioners rather than to entrust his health to modern medicine. Or it may be that some of these old ones are having difficulty coping with an invading realization that their old ways are no longer adequate to care for their needs — not because there is anything wrong with their tradition, but rather because the society around them no longer adheres to the traditional system of mutual assistance; a practice which was necessary to the survival of the community in former times. In many cases, the assistance of friends and family is no longer available to the elderly because the younger members of the community are caught up in the hectic and rigorous life-style of the wage earner. Consequently, a seemingly unmanageable conflict of schedules arises in the home, and thus contrives against the cohesiveness of the family as a unit and against the proper monitoring and care for the needs of the elderly. A sort of irony arises in the daily routine of many elderly Indians: these, who are in a critically needy condition themselves, end up being the caretakers for children and households, while the more able-bodied younger members are out working. But this is not the circumstance of all American Indian or Alaskan Native elderly. Some have, for one reason or another, been relegated to isolation. Many of these solemnly resign themselves to the thought (however incorrect it may be): "No one cares for the old person."

There was a day when that which was old was venerated and cherished; and now, many of these dear "old ones" are given secondary prominence and sit in some inconspicuous corner, quietly awaiting "The end of their road." There is no way of knowing just how pervasive these problems are among the Indian elderly, but those who have had intimate and long-term exposure to reservation and Indian community life know that the story could be repeated many times over. The concern of NICOA, then, goes far beyond surveys, data, programs and budgets. All of these are only a means to an end: to enhance the living cir-

cumstances of the Indian and Alaskan Native elderly to such a degree that they are enabled to live out their days in usefulness and dignity. Even if this were the plight of only a few, the last vestiges of human kindness would dictate that we reach out (with whatever resources are at our disposal) and touch these people at the point of their need. Therefore, it is in a responsive spirit of compassion that this report is submitted — for the sake of these "old ones" who are the reservoir of a history and culture, and of an earthy wisdom which are all on the verge of extinction.

BACKGROUND OF THIS REPORT

As a result of growing concern for the American Indian elderly and an awareness of the fact that many of them are not actually participating in entitlement programs for which they are eligible, representatives of the Administration for Native Americans (ANA) and the National Indian Council on Aging (NICOA) developed plans in the Spring of 1979 for an access survey and model development project. Consequently, through a grant from ANA and a cooperative agreement with Administration on Aging, the Reservation Access Survey Project was implemented.

Over the course of the ensuing nine months, four reservation sites were surveyed, and data was gathered through a process of personal interviews with Indian elderly people in those areas. The reservation sites were selected on the basis of a set of criteria which were carefully determined so as to derive a representative cross-section of the status of elderly Indians across the nation. The four sites selected and the variables which characterize them are:

1. The Papago Reservation in southern Arizona — characterized by its vast distances, a large elderly population, high incidence of monolingualism, and high visibility of its aging program.
2. The Jicarilla Apache Reservation in northern New Mexico — characterized by a high incidence of monolingualism, but a small elderly population clustered together in a relatively small area (though the reservation itself is quite large), abundant resources, and the availability of a senior citizens program.
3. The Pine Ridge Reservation (Oglala Sioux) in South Dakota — characterized by a large geographic area resulting in remoteness of much of its large elderly population. High incidence of monolingualism, a history of conflict with non-Indian entities (with a resultant suspicion and uneasiness on the part of the elderly), a sometimes harsh climate, and limited tribal resources.
4. The Confederated Tribes of Siletz in Oregon — characterized by a

relatively small elderly Indian population with an eligibility status which has previously been withdrawn by the Federal Government, and only recently restored; a lesser degree of monolingualism which grows out of the fact that this population has been integrated with a more dominant non-Indian culture spread out over a large eight-county area in Oregon; a high incidence of disability among the Indian elderly; and extremely limited tribal resources.

Once the sites were selected, a methodology was developed which would require the hiring of community coordinators at each of the sites to conduct the survey. With the assistance of the respective tribes, the coordinators were chosen from among the local populace. These local people were chosen to conduct the survey on the basis of the assumption that they would be better able to relate to the people who were to be interviewed. A number of important discoveries were made with regard to the selection and performance of such coordinators which give us clues as to appropriate programmatic design for future efforts (see Appendix).

The project was now ready to begin. Throughout the course of the survey, a significant amount of data was gathered, and people were being accessed effectively into entitlement services where the surveys were conducted. Nevertheless, a need arose for further information subsequent to the end of the actual survey effort; two second site visits were made by NICOA researchers to three of the reservations (Pine Ridge, Papago, and Jicarilla).

In addition to the two reservation survey efforts, a similar survey was conducted by NICOA in Albuquerque, New Mexico during the first nine months of 1982. This survey, entitled "Urban Access Project," was designed to compile the same types of information as the reservation-based surveys, except that this effort was aimed at discerning the needs of urban Indian elderly, and it incorporated many of the lessons learned via the trial and error method in the previous survey.

The report which follows consists of a summary and an analysis of all three efforts; and is a collection of recommendations which have arisen out of the survey findings.

PURPOSE OF THIS REPORT

The fourfold purpose of this report is to:

1) analyze and interpret the findings of the reservation access survey;

2) add new information (i.e., additional data from the second site visits and from the Urban Access Project);

3) identify and exemplify underlying problems faced by the Indian elderly in gaining access to services; and

4) recommend solutions and program designs which can be replicated throughout the country where the entitlement access needs of the Indian elderly are not being met.

II. RESERVATION ACCESS PROJECT

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II. RESERVATION ACCESS PROJECT

GENERAL OBSERVATIONS

An objective examination of the reservation survey obviates certain facts which might easily escape notice, but are nonetheless pertinent to this present discussion. These facts are as follows:

Fact 1 – Prior to this report, the data has been viewed and summarized from a somewhat limited perspective (i.e., focusing only on "before and after" comparisons of the statistical information). Such a narrow view of the data results in the obscuring of important information which, when properly interpreted, is both descriptive and useful: descriptive in the sense that it gives clear insights into the actual status of American Indian elderly regarding their participation in entitlement services, and useful in that some very helpful inferences can be made regarding recommendations and principles which can be applied in designing access projects.

Fact 2 – Mere statistical information and comparisons cannot tell the entire story, and should not be used exclusive of personal data as an adequate foundation for the formulation of programs and methodologies for addressing the real needs of the target population.

Fact 3 – The inability of some of the researchers (community coordinators) involved in the surveys to gather close-out data (i.e., the number of Indian elderly accessed into services as a result of the project) in no way negates the validity of the project concept, nor of its findings. In fact, some of the problems connected with the productivity of the community coordinators give us even better insights into some of the logistic problems involved in accessing Indian elderly into entitlement services. For example, it was noted numerous times in the reports of the community coordinators which were received at NICOA headquarters that the process of identifying a particular need, contacting the appropriate service provider, completing necessary application forms, and/or getting the elderly person to the service provider's location became a very time-consuming and involved activity. In many cases, the vast distances between the homes of the elderly and the offices of the service providers required as much as several hours of driving, thus precluding the possibility of conducting further interviews in the course of a day. The logistics alone are a major factor to be dealt with and addressed as methodologies and programs are structured in the future.

Fact 4 – A comparison of the data generated by the survey with its predetermined objectives indicates that the survey was highly successful, despite problems encountered in the collection of data.

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VIEWED IN THE LIGHT OF STATED OBJECTIVES

To gain a more thorough understanding of the reservation survey, it is enlightening to look at the results of the survey as they relate to its stated objectives, and to see if, in fact, the objectives of the project were achieved. To summarize the objectives, they were:

Objective 1 – *To identify the status of Indian elderly with respect to their participation in the primary entitlement programs.*

A significant amount of information was generated by the surveys to accomplish this objective. The statistical information (see also Appendix) represents samplings which were more than adequate to present a credible portrayal of the participatory levels in entitlement programs at each site. Note the following elderly population estimates[1] in comparison to the numbers of those included in the survey samples:

SURVEY AREA	ESTIMATED ELDERLY POP.	NUMBER SAMPLED	% OF TOTAL
Jicarilla	98[2]	74	75.5%
Pine Ridge	908	665	73%
Papago	1212	593	49%
Siletz	147	54	37%

The above ratios of those surveyed to the estimated total elderly populations are sufficiently high to be representative of the over-all situation in each location. Even in the case of the Siletz survey with only 37% surveyed[3], the interviews were done so thoroughly by the coordinator for that project that the results were convincing and verifiably representative. There is an added bonus in the nature of the Siletz survey: The in-depth portrayal of the psychological and cultural factors influencing the level of participation of the elderly in entitlement services there (as reflected in the comments of those interviewed, which were noted carefully in the Siletz survey coordinator's reports). It would not be overly presumptuous to conclude that these factors bear significant relevance to the circumstances in other locations as well. An examination of some of the commentary from some of the other surveys more than adequately corroborates this conclusion. Therefore, the first objective was clearly achieved, both in the numbers sampled, and in the content of the data.

1 estimated at 8% of the total population in each area, except Jicarilla, a figure which is probably too high a percentage for Siletz — see fn. 3

2 source: IHS population figures, 1979

3 The Siletz Tribal Specific Health Plan, 1979 indicates a total of 75 above age 56; if this is a correct figure, then the percentage of those sampled is much higher — 75%

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Objective 2 — *To assist the elderly into the service delivery system.*

Were the elderly actually assisted into the service delivery system at each location in the survey? Categorically, yes.

Though the numbers of those actually assisted into the service delivery system were not as high as might have been hoped, a close review of the survey report forms filled out by the coordinators indicates that each of them spent considerable amounts of time actually providing transportation, setting up appointments with service providers, escorting elderly to places where they could receive services, and doing various other tasks which facilitated the elderly in participating in entitlement services. A clearly documented fact, which appears repeatedly in the reports of the community coordinators, is that this aspect of their survey efforts became so time consuming that it developed into one of their major activities. Note the following excerpts from a coordinator's reports:

"Mr. _____ seems to be in good spirits. He said he had back problems due to working in the woods. . . He's part of Section 8, and at present is living evicted. I transported him to HUD housing, and his counselor transferred in funds. . . prepared papers in lieu of his moving. We also went to the Vets Administration for verification (of eligibility), also the Social Security Office. . . He's doing fine. I will be moving him from his present address. . . I received permission to give his address to his immediate family."

Also note the following:

"I took Mrs. _____ to (town) to check around for shoes, and she took me to lunch. Mrs. _____ doesn't hear very well. . . I did get a wheel chair for her. I tend to over care for her because of her walking disabilities. . . I called Mrs. _____ and she needs a Dr. appointment — Done. Dr. _____ will give her a check-up on 2/12. . . 2/11 I had to call Mrs. _____ and cancel her appointment due to death in my family. 2/14 called Mrs. _____, and made another appointment with Dr. _____. I'll take her this A.M."

These examples are typical of the kinds of activities which involved large amounts of the survey coordinator's time; and clearly demonstrate the success of the Project in accomplishing Objective 2.

Objective 3 — *To develop a data base that reflects the effectiveness of the project.*

This might be viewed as a weakness of the project if one were to regard only statistical data as indicating the effectiveness of the project. However, as mentioned earlier, the survey deal not with just cold and impersonal statistics, but rather with real people, and the data should reflect their real situations. "Data"

may consist of incidents, observations, comments, etc. which occur quite apart from statistics; or all these may underlie the statistics. This kind of information is both fruitful and descriptive when it comes to assessing the effectiveness of the project. As will be demonstrated in the non-statistical discussion of each of the survey efforts. This objective may be considered fulfilled in the project.

Objective 4 – *To develop innovative outreach techniques which can be replicated and implemented by Indian Tribes, agencies and urban Indian projects across the country.*

The formulation of outreach techniques for replication and implementation by tribes and agencies, while an integral part of this report, must of necessity be an on-going process. As more specific data is acquired through subsequent surveys and research efforts, new approaches will be required to address the individualized needs which are identified. However, it is clearly a positive result of the Reservation Access Project (and of the Urban Access Project) that NICOA is able to present in this report some incisive suggestions and techniques which are both replicable and workable in similar sets of circumstances (see section VI).

Objective 5 – *To assist service delivery agencies at the national level to develop these new outreach techniques within the entitlement programs.*

The usefulness of this report in accomplishing this objective will be realized only as it is exposed to and utilized by the agencies and tribes as a basis for the development of their own outreach programs. The report will most definitely be found to be basic and helpful in that it illustrates a representative picture of the status of the Indian elderly around the country, and it provides a data base upon which these entities can depend for forging out their own programatic designs in keeping with their own goals and objectives.

It should be noted here that the preparation and distribution of this report does not by any means comprise the sum total of NICOA's commitment to the needs of the Indian elderly. The report is simply an artifact of the continuing concern and involvement of the Council in efforts to assist the agencies and tribes which provide services for these old ones (see "Potential Role of NICOA").

GENERAL DISCUSSION OF FINDINGS

An overview of the findings of the Reservation Access Survey reveals some very important facts which are indicative of the patterns to be found not only among the sampled groups, but which are also extant among the general population of Indian elderly nationwide. Stated briefly, these patterns are:

1. Approximately 2/3 of the Indian elderly live in their own homes and not with relatives (though many of these elderly support younger relatives).

This fact is highly important as it pertains to the monitoring of their needs (i.e., their needs are often not discovered before they reach the critical stage).

2. If they do live with relatives, the Indian elderly are more likely to live with relatives other than their sons or daughters. Only 3% of those sampled were living with their sons, while 4% lived with their daughters; on the other hand, 25% lived with other relatives. The knowledge of this tendency gives rise to two added concerns: a) Indian elderly often do not stay with sons and daughters because they do not want to become burdensome to them (a fact which came up repeatedly in the course of the interviews), and therefore the sons and daughters are not as likely to become aware of the needs of their elders: and b) relatives other than sons and daughters are less likely to feel a sense of responsibility to care for the needs of these elderly, and therefore there is less chance that the needs will be met.

3. 46% of the survey respondents were either widows or widowers (a figure that is somewhat higher than the 35.7% discovered in a recent national survey conducted by NICOA), and an additional 6% were either divorced or single. This adds the further concern that most of these elderly are more than likely living in virtual isolation, with all of the attendant psychological and physical needs growing to a serious stage without anyone else's knowledge.

4. There was an extremely high incidence of disability among the survey respondents. Some of these were severely disabled (as attested to by the information gleaned from the interviews conducted at Papago and Siletz; see D. SPECIFIC NEEDS); yet the over-all participation level in Social Security disability benefits was only 9%; a fact which may amount to an alarming prevalence of emergency circumstances for these elderly.

5. The highest participation rate in entitlement programs was 51% in the Medicare program. A comparison of this percentage with the participation levels in other programs indicates: a) that the other programs need to implement more effective outreach efforts; and b) that it is possible to enroll larger percentages of the Indian elderly in the entitlement services (this was strikingly demonstrated in the Siletz survey, during which the NICOA community coordinator increased through her own referral and advocacy efforts the participation of Siletz elderly in the Supplemental Security Income benefits by a remarkable 400%). These facts being true, the question arises: Is 51% participation enough? Obviously not.

SPECIFIC NEEDS – BY SITES

To relate all of the findings of the surveys without reference to the demographic, economic, and psycho-social environment in which the statistics and incidents occur would present an incomplete picture of the actual situation, and might lead to incorrect interpretation of some of those findings. Therefore, in the ensuing discussion, the contextual circumstances will be used as a framework in which to interpret the findings of the surveys.

1. **Jicarilla**

Situated in the higher elevations of North Central New Mexico, the Jicarilla Apache Reservation covers some 750,000 acres of land, which is rich in natural beauty as well as in natural resources. When driving though the reservation on either of two state highways, one is impressed with a sense of awe at the vast reaches of land, with its majestic mountains, and deep arroyos sculptured by centuries of infrequent but sudden rains. The land appears at first undisturbed by any forces other than nature itself, except for an occasional oil or gas well.

As one investigates further, he discovers that these incongruent mechanical creatures represent a major source of income. Along with timber from the northern sector of the reservation, for more than 1900 Indian people who have made this their home since before the turn of the century. Additional income for these people is derived from the Tribe's own investments in stocks and bonds, a practice which seems somewhat inconsistent for a people who still retain so much of their old tradition.

Among the Jicarilla Apache populace there are approximately 98[4] Indian elderly, 90% of whom are said to be living within a radius of only a few miles of the small town of Dulce, headquarters of the Jicarilla Apache Tribe. Also at Dulce are facilities and offices of various service agencies, including a USPHS Clinic, BIA offices, an alcoholism program, a senior citizens program, a CETA office, and a Food Stamps/Commodities Office. These elders are carefully looked after by their younger relatives. Even the small 5% of the elderly who live in the more remote regions of the reservation are periodically visited by their relatives from town. On the surface, all seems quite secure and comfortable for Jicarilla elderly with:

a) Income from oil, gas and timber leases and from tribal investments, all paid to each member of the tribe in the form of quarterly dividends;

b) The availability of various economic and health support services nearby;

c) Transportation both for shopping and for social purposes provided by the senior citizens program or by relatives;

4 source: IHS population figures, 1979

d) The fact that 40%-50% of these elderly have televisions and/or radios in their homes; and

e) Other favorable circumstances.

But all this combined gives that "easy" impression only if one takes the limited outsider's view of the situation. A closer look at the circumstances raises a number of very poignant questions. For example:

a) Why is it that, with all of these resources, the homes and community appear so depressed and bleak?

b) Why do these elders themselves contend that their greatest need is for transportation?

c) Why must so many of these elderly rely on Supplemental Security Income and BIA General Assistance (42% and 32% respectively) for help in the provision of their needs?

d) Is it safe to assume that the natural resources, from which Jicarilla people receive dividends, will be an inexhaustible source of support in the years to come?

e) What would happen if companies which have working agreements with the Tribe to extract these resources should, for some unforeseen reason, decide to pull out of the area — as happened in the case of the Phelps Dodge Copper Mine shut-down recently in Papago country?

f) Why are so many of the Jicarilla work force unemployed (46%)?

g) What would happen if, as a part of another government austerity move, programs such as the senior citizens program should fall victim to a budget cut?

One can readily see that any one of these eventualities could spawn a crisis situation for the Jicarilla elderly; a combination of these problems would be disastrous. The answers to these questions represent a veiled threat to the Jicarilla elderly, and have at their roots conditions which seem to conspire against these old ones becoming truly self-sufficient, and against their being able to "live out their lives in dignity." Note this well: NICOA survey results indicate that Jicarilla is one of the "better" sets of circumstances in which Indian elderly find themselves.

So much for the potential crisis: what of the existing situation for the Jicarilla elderly? Generally they resign themselves to a truly humble lifestyle. Many of them would seek out assistance from entitlement programs were it not for the fact that so many of them are prevented from doing so due to the assumption that they would not be eligible if they did apply. "Why bother

with all that red tape?" they ask. "My neighbor applied and didn't receive any help at all." Clearly, there needs to be a purposeful effort on the part of the Tribe and of the service providers to identify and enroll those who are actually eligible but are not participating. Note the following inadequate levels of participation for Jicarilla elderly: Social Security disability 0%; Social Security retirement 8%; 72+ benefits 1%; Social Security survivors benefits 5%; Veterans Administration survivors benefits 5%; Commodities 0%; and Food Stamps 1%. All indications are that many more Jicarilla elderly would qualify for these benefits, but are apparently not able to overcome their misconceptions as to eligibility and application procedures. Nevertheless, they are entitled to these services. They are further hindered from applying due to their inability to understand some of the complicated and obscure wording on some of the application forms. There needs to be a radical simplification of the language and procedures for application. There should even be efforts to explain these details to them in their own language.

Another observation bears mention here. During the course of the survey, it was discovered that there was among the Jicarilla Apache an extremely high unemployment rate — 46%. There are, of course, many factors which contribute to a high unemployment rate; among them lack of education and lack of availability of jobs. But observers have yet to define the full impact of a tribal dividends disbursement program such as that found at Jicarilla as it affects the level of incentive to seek employment. It has been substantiated in the experience of those who have lived on the reservation that allotments, dividends and the like tend to be counter-incentives to seeking employment, as the recipients content themselves with a bare substistence level of living. This, of course, has implications for the living circumstances of the elderly in that many younger relatives become dependent upon them for added support; sometimes, sad to say, even to the point of abuse.

A related problem, which affects the elderly population at Jicarilla, is the counter-productive eligibility criteria for some Social Security benefits which discourage working at income producing activities at the risk of forfeiture of benefits. Accordingly, there needs to be a two-pronged approach to the problem: 1) an active outreach/enrollment/education effort on the part of service providers; and 2) an internal examination by each of the agencies to assess the equity of their eligibility requirements as necessary to assure full participation and a decent standard of living for all "at risk" groups.

A final observation which must be made with respect to the Jicarilla elderly. It is possible that the comparatively greater needs of the small 5% of the elderly who live in remote areas of the reservation might be overlooked or even neglected by those who look only at the larger population with its benefits and advantages when assessing needs. The barriers faced by

these more isolated elderly are increased by geometric proportions over the difficulties faced by their community-dwelling counterparts. One of the truly positive outcomes of the survey effort at Jicarilla was the identification of some of these who were more in need, and their referral to appropriate agencies. More, however, needs to be done.

Pine Ridge

Nearly a century ago the conflict began. The Oglala Sioux and the White Man seemed bent on exterminating each other. From the Sioux perspective, it was a defense of their homes and their livelihood that cast them into one battle after another with the invading soldiers. All an old person could do in those days was to advise or mourn, and hope that the conflict would not come close enough to him that he would have to defend himself; what can an old person do against guns and horses? When the dust settled, and the rumors of war subsided, the old ones must surely have welcomed the quiet nights and days when they could once again rest in peace. It is conceivable that some may have grown old in the times of peace, and become dulled to any sense of dread or conflict. But the damage was already done. The so-called "trust relationship" of their people with the White Man was not all that trusting. Consequently, any who came to the elders, asking questions about their life, were met with suspicion. It is not so surprising then that the residue of suspicion and fear should persist even to this day.

So it was that, when the NICOA community coordinator arrived on the scene with her battery of questions and her forms, the elderly were initially suspicious and reluctant to give out any information about themselves or about their living situation. Can it be that this underlying fear and suspicion deters these elders from seeking out the help available from entitlement programs, knowing that their privacy is likely to be invaded? Eventually, the NICOA surveyor's explanation of the purposes of the survey in the language of these elderly finally overcame the initial barriers, and some helpful insights were gained as they opened up and shared their feelings. There can be no doubt that another factor which contributed to their eventual willingness to share information was the growing urgency of their own needs. The information thus obtained paints a grim picture of needs, isolation, and virtual destitution of the part of some. Suffering from low income, lack of information, and some warranted fears, these elderly were found to be very much in need of reassurance, protection, and some practical help. In the course of interviewing 665 elderly, two very critical needs surfaced repeatedly: a) a fear of being vandalized and b) the fear of having their utilities shut off. Both of these needs, though basically psychological in nature, might easily have been alleviated long ago through some practical help and the implementation of some physical solutions.

The first of these needs (fear of being vandalized) was inordinately prominent in the minds of many who were interviewed. There had been numerous occurences in the knowledge and experience of those who were surveyed. But, even when it was known who the culprits were, there had been no preventive action taken by the local authorities. This is one of those situations which seriously aggravates the existence of other problems. Isolation and loneliness can become even more of a problem when a person is afraid to leave his home for fear that it might be burglarized or damaged in his absence. It is also pertinent to mention here that 68% of the survey respondents were living in their own homes (either alone, or with a spouse). These fears give rise to other problems and needs for these elderly, such as their immobilization which limits the ability to go to town to shop for food and other necessities. Even when transportation is available, many of these are reluctant to take advantage of it (for the above reasons). Although the matters of law enforcement and protection are not, by our definition, "entitlement" services, these certainly have a direct bearing on the willingness of the elderly to leave their homes and seek the assistance of entitlement programs. After all, who is going to go all the way to a distribution point to get commodities, when they might not have a stove when they return home?

The Oglala Sioux elderly, who live spread out over a huge reservation (4,353 square miles), experience all of the problems associated with lack of transportation, not the least of which is genuine access to services. While the participation levels in various entitlement programs at Pine Ridge are comparatively higher than those discovered at the other sites (see Appendix, page), the distances which must be travelled for services are a serious limiting factor, and tend to work together with the psychological factors mentioned above to add to the complexity of the problem. High utilization of services, then, should not be taken as necessarily indicative of a highly mobile society whose access needs are being adequately met. Quite the contrary. There are a number of elements which may combine to influence the percentages of those participating in programs. These elements are:

a) Younger family members, when available, are relied upon heavily to deliver and complete the necessary certification/application forms, or to spend Food Stamps, or to pick up commodities. Note here, though, that a pattern which we have already alluded to comes very much into the picture: that is, younger members of the family who may be unemployed are likely to be supported to some extent by the benefits received by the elderly;

b) The service providers who represent the agencies with higher participation levels may have developed more effective outreach techniques: or it could be that among them there are people of exceptional conscience

and compassion who are aware of former atrocities and of ever-growing needs, and are compelled by their own sensitivity to reach out and locate and serve these descendants of Wounded Knee.

c) A further possible factor influencing higher percentages may be that they are simply an indicator that there is a greater degree of need due to extremely low income levels. This is, no doubt, true in the case of the Pine Ridge elderly.

The second fear expressed by numerous Sioux elderly (almost unanimously expressed by those who were surveyed during the second site visit) — stems from their experience of last winter, in which their electricity was cut off due to their receipt of land lease payments and a resultant disqualification from Supplemental Security Income, upon which they were depending to pay their utility bills. Most of the homes occupied by the survey respondents were total electric homes, so the elders were left without lights and heat. It was due to the continual demands of meeting their own subsistence needs through the year that many of these elderly had been forced to commit their forthcoming lease payments to meet their accumulated obligations. Those who know how forbidding and vicious South Dakota winters can be will attest that such a circumstance presents an unbelievable hardship for elderly folks such as these and that it constitutes inhuman treatment.

3. **Papago**

Travelling along highway 86 out of Tucson, Arizona, the occupants of an air conditioned automobile find themselves commenting on how hot and desolate it is out here. All they can think of is getting across this forsaken desert and checking in at the luxury hotel at their next stop. Vacation plans, finances, meetings, etc. are all discussed at length along this highway which shoots straight as an arrow toward the horizon. All this discussion about "important matters," while the travelers seem oblivious to the fact that this forsaken place is home for an elderly Papago lady, who lives miles from the highway in a run-down house with no air conditioning, except for the two screen doors which are torn and are falling off their hinges. The old lady, lonely and suffering from growing disability, cannot leave her chair even to walk across the room. That's the way it will be for her every remaining day of her fading life — unless someone does something. She can't even remember the last time she was outside the house. All around the room there is clutter and dust which has collected because she is unable to do any housekeeping chores. Obviously, she is in dire need of help. Oh, she qualifies for various kinds of assistance, like government commodities — but what good would commodities be to her? She is unable to cook for herself. Even if she could cook, how would she get the commodities to her house from the distribution point? She doesn't drive. She used to receive hot meals delivered through a

nutrition program, but the service was suspended for 60 days due to lack of funding. Oh yes — she has a grandson who comes by once in a great while, but only when he needs a place to stay. The old lady had very few possessions, but they were taken by thieves who broke in recently. They also got the little bit of money she had left to pay her utilities bill. It was reported to the authorities, but there has been no response. What is there for this old lady to look forward to? Another day? Just like any other day?

Perhaps, some might try to rationalize the knowledge that such a situation as this exists, or might say that it is an extreme example, but the sobering truth is that this is an actual circumstance which was revealed through the survey; and even more sobering is the fact that the findings indicate that it is not an extreme exception, but rather typical of the existence which can be found among the more than 1200 Indian elderly on the Papago Reservation.

The setting in which this, and many other similar stories occurs is the nine million acre Papago Reservation in Southern Arizona. Throughout this vast stretch of sun-baked sand, cactus and dry creek beds, live approximately 15,150 Papagos. An estimated 5,646 of their fellow tribal members have opted for better living conditions off the reservation. A sizeable number of these were formerly employed by some of the mining companies located on or near the reservation; however, many of these have begun to return to the reservation (and in many cases, to dependency on the income of the elderly) due to recent shut-downs of mining operations. This development, needless to say, will have a direct bearing on the quality of life for Papagos, since they will no longer be receiving the amount of dividends they formerly received from the mining companies for the extraction of minerals from reservation land.

The statistics reflecting the level of income of the Papago people, the high unemployment rate, and the large numbers of people to be supported in a household, all give some indication as to the seriousness of the situation. But the real daily life of the 593 elderly Papago people surveyed is obscured somewhat if we look at it only from a statistical viewpoint. Their condition is best described by means of citing a few examples which were uncovered in the process of the survey. It is important at this point to be reminded that these cases are typical examples which could be repeated over and over (a fact which is supported by statistical and other evidence).

Papago Elder 1 — A Papago lady in her 70's had been recently burglarized (a different case from the one cited above). Aside from stealing some of her cherished possessions, the intruders also went to the trouble of destroying her screen doors and windows. She reported the burglary to the local authorities, but "nothing was done." She also reported to the housing authority the

damage which had been done to her house, but again, no repairs were made.[5]

This lady had various nutritional needs, and would probably qualify for Food Stamps and Commodities (judging from her present living conditions), but she was turned down six years ago (reason unknown), and has not tried since. Why? She is already depressed from having been burglarized (and getting no help), and she just can't cope emotionally with the prospect of being refused assistance again. She has a daughter who might be able to help with transportation, etc., but the elderly lady prefers to be "independent" (an outgrowth of "Papago Pride" mentioned repeatedly among the survey respondents).

Papago Elder 2 – A Papago gentleman in his 60's is physically able, has a pick-up truck, and travels frequently to Ajo to buy produce, which he in turn sells back on the reservation. Why? He wants to earn some unreported income to supplement his low income, without jeopardizing his eligibility for Social Security Benefits. The last time he tried to qualify, it took him 12 months to receive any benefits and he doesn't want to go through the qualification procedure again. He supports two younger male adults who stay with him. Does he need the extra income from entitlement programs? Need we ask?

Papago Elder 3 – An elderly woman in her 70's lives with her husband who is in his 70's. They live close to the district food co-op. She is physically able, and feels that they are doing quite well. They receive Social Security and Commodities. It is extrememly hot, but they can't afford coolers. The back screen door is dilapidated. They contacted the housing authority and the skills center, but neither of these sources responded to their needs. The lady's husband stayed out of sight the whole time the interviewer was there. Why wouldn't he come out and socialize? One can only speculate. The lady says they are doing fine. It simply doesn't take much to please some people — and that's just what they had: "not much."

Papago Elder 4 – A 65 year-old lady who lives in a "nice" HUD house is not paying rent because her income level is so low. She has a pick-up truck, but must hire a driver to take her shopping or to the USPHS clinic (she doesn't drive). She also has a husband, who is hardly ever around; maybe three months out of the year. He sort of comes and goes: receives a VA pension, but he doesn't help her much with expenses — he's an alcoholic. She receives Social Security Disability payments and Food Stamps, so she "gets by."

5 Upon contacting the housing authority, our surveyor was informed that programs had been seriously curtailed due to funding cut-backs.

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And so, the stories could go on and on. Some circumstances might be considered tolerable — by those who don't have to live that way; but most are very distressing: tales of loneliness, frustration, and deprivation. All of the evidence collected during the course of the survey (both statistical and other types of information) only further substantiates the fact that needs are widespread, and out-reach (in many cases) seems to be only an incidental activity, and not a matter of planned programming.

The findings of the survey indicate a somewhat higher degree of participation among Papago elderly in the Commodities program in preference to the Food Stamps program (56% participation, vs. 17%). Further examination of the interviews and other findings of the survey indicate some of the reasons why this is so. There are some very prohibitive factors which characterize the Food Stamp program at Papago. From an investigation of these factors, it appears that (in some locations) the Food Stamp program is ill-conceived and not truly appropriate to the needs of the people it is designed to serve. Among the Papago elders there was a discernable reluctance to apply for, receive, and use Food Stamps. The reasons were:

a) The "Papago Pride" referred to earlier seems to cause Papago elderly to be embarrassed when cashing in the stamps at the local grocery store;

b) Cashiers at the grocery stores are visibly irritated at having to deal with food stamps. This too, is a source of embarrassment to the Papago elderly;

c) Food Stamps are subject to inflationary prices at reservation stores;

d) The application procedures for Food Stamps are highly complicated, and forms are involved and difficult to fill out;

e) Transportation is required to use Food Stamps and to procure them. Many Papago elders who are users of Food Stamps also prefer to travel to Tucson to spend their stamps in order to avoid high reservation prices, and to avoid being seen by their neighbors as they use the stamps.

A note here would be appropriate concerning the "Papago Pride" mentioned several times above. Instead of allowing this pride to become a debilitating influence which builds barriers to their freedom to take advantage of assistance, this proper and healthy self-esteem should be utilized as a positive influence in some way to encourage these elderly to participate.

4. **Siletz**

How would you feel if you had lost your identity? If some law was passed denying your existence or depriving you of some benefit to which you were previously entitled? Discrimination is what some people call it, or "termina-

tion" as happened in the case of Siletz Indians. No matter what you call it, such an action would cause you to feel rejected, neglected, and powerless to do anything about the situation. It is in the context of this kind of development that 1,083 Siletz Indians, scattered throughout an eight county area in northwestern Oregon, have sought for and been denied various entitlement services. Some have had their lands literally stolen from them since the official "termination" of their status as a federally-recognized tribe in the 1950's. Disenfranchised by the very system from which they sought help, the Siletz people were forced to mingle with and be absorbed into the life-style of a people whose culture and ways were strange to them, and to "make do" in an unyielding and competitive society.

It was not until five years ago (with the passage of the Siletz Restoration Act in 1977) that these people were once again recognized by the Federal Government as an Indian tribe, and thereby, once again eligible for services normally provided Indian tribes. They have their identity as a people once again (officially), but much of what they lost may never be regained.

Among those fragmented and dispersed people there exists an elderly population of 75[6], many of whom are seriously disabled. A NICOA researcher identified and interviewed 54 of these people, traveling long distances from one interview to the next. What she found was, in some cases, a crisis; despite other findings of the survey which indicate a relatively high level of participation in various entitlement programs (see Appendix).

To give the reader a "feel" for the concerns and obstacles faced by the Siletz elderly, some brief examples gleaned from Siletz survey reports should be helpful:

Siletz Elder 1 – A woman, 80 years old, lives with her sister, and receives $360.00 per month from Social Security Retirement (the total support for both). The only other benefit she receives is Medicare. She is severely disabled, unable to get around very well, and has diabetes. She cannot hear well. Her main concern is her disability and lack of transportation.

Siletz Elder 2 – A 68 year-old woman is the sole person caring for the needs of her disabled mother (a wheelchair victim). The two of them depend on family and friends to take them shopping or to the doctor. Both receive health care from the USPHS clinic. They don't see family members very often. The 68 year-old lady works part-time to support her mother and herself, and also receives SSI in the amount of $116.00 per month. Their house is in extremely dilapidated condition, so she took out a home improvement loan to have it brought up to minimal living standards. Her last contact

6 source: Siletz Tribal Specific Health Plan

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with a representative of the Social Security Office was four years ago. They do have meals brought to them on a once-daily basis by the community food program. They spend most of their time in the kitchen during the winter, so as not to have to heat the other rooms of the house. Their major concerns: Loneliness, transportation and much needed household repairs.

Siletz Elder 3 — A man, 68 years old, lives with his wife, who is disabled. Total family income is $511.00 per month, which comes through Social Security Disability benefits. They also receive Medicare as they visit the doctor regularly for the man's emphysema and bronchitis. At this point, a direct quote from the interviewer's notes would seem appropriate:

> *"I visited with both Mr. _____ and his wife today. He had cancer of the throat, and has had his voice box removed. They live in an old house with adequate space for two, but it is old and has no insulation — plus a bad floor and foundation. They have extra boards covering holes in the kitchen floor. Mrs. _____ has diabetes. She just got out of the hospital. She has two children, but they don't live in the area; therefore, no family help for them."*

Siletz Elder 4 — A 65 year-old man who lives alone receives just over $400.00 per month in VA retirement and disability payments. He has a bad back which he hurt in a logging accident. He received an eviction notice from HUD, and was very depressed when first contacted by the NICOA researcher. The reasons given for his eviction were said to be alcohol related. He was informed by the NICOA surveyor of the Veterans Administration alcohol treatment program, but he was not interested in seeking their help. Transportation was a problem, anyway. He has 13 children who live nearby, but they want him "to live alone and be independent." He walks to the local convenience store, and pays the higher prices, because if he goes downtown to get groceries, it's too far to walk and too much to carry — especially in view of his back problems. When asked if he had ever initiated contact with Social Service programs, he said he didn't want to contact them because the social workers always "want all your life's history." When asked if he had ever received financial assistance from his family, he replied, "No, I do all right, and they need their money."

These and other examples from the Siletz survey demonstrate multiple barriers for the Siletz people as they seek (or are reluctant to seek) assistance from entitlement programs. To highlight some of the more prevalent needs and barriers faced by the Siletz elderly, they are:

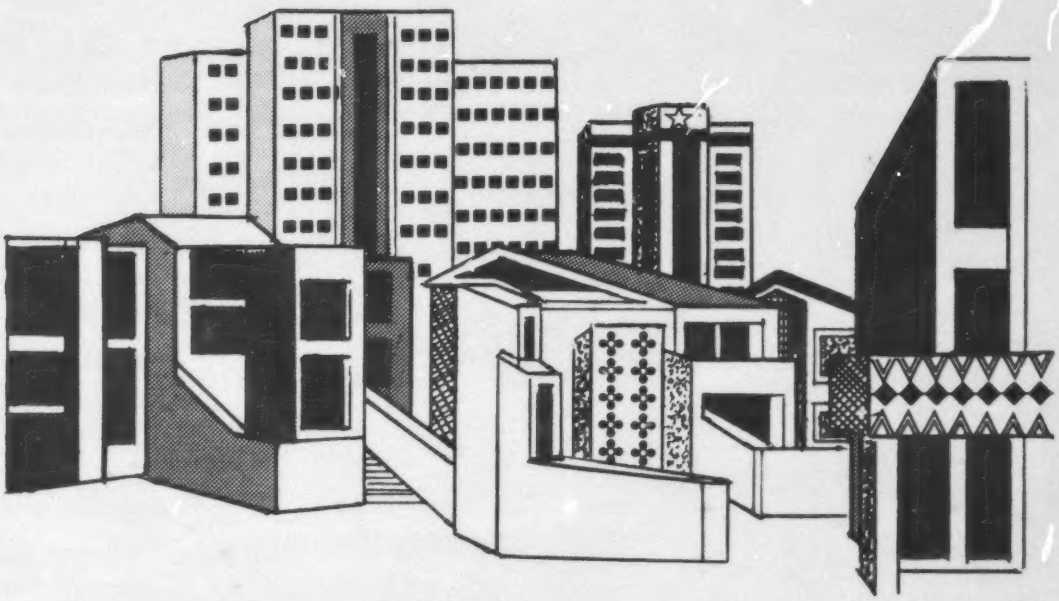
a) Transportation — spread out over an eight county area, 84% reported having easy access to all-weather roads, but only 36% reported access to public transportation. Very few could provide their own transporta-

tion, and many were disabled to the point that they were effectively immobilized.

b) Disability — the examples above are expressly representative of the conditions which exist throughout the entire elderly Siletz population. Further evidence of the existence of the problem is seen in the statistical findings (22% overall among the Siletz elderly are receiving Social Security Disability benefits, but 67% of the widowers and 33% of the widows were receiving disability payments). Indications are that there would be even more who would qualify to receive disability benefits if they were to seek them.

c) Isolation - (in some cases, alienation) from tribal members, service providers and relatives. Along with the isolation are countless instances of depression, a sense of rejection, and a fatalistic outlook on their daily lives. Some of these people had not had visits from service provider representatives in over five years.

III. URBAN ACCESS PROJECT



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III. URBAN ACCESS PROJECT

ACCESS SUCCESS!

In marked contrast to the Reservation Access Project, the results show that the Urban Access Project was highly successful in terms of its over-all purposes, without the previous problems with supervision of the community coordinators and with the gathering of sufficient data. The purposes stated for the Urban Access Project were:

1. Assessing the status of Indian elderly participation in various entitlement programs;
2. Identifying barriers to access to these services;
3. Identifying personal and environmental characteristics of the urban Indian elderly.

The data revealed in the Urban Survey presents a clear profile of the target population both from the statistical and psychological viewpoints. As the needs of the Indian elderly are portrayed, the elements which hinder their access to services are delineated; and participation levels are assessed by the use of statistical information which was compiled.

The survey, which sampled a total of 120 of the more than 600 Indian elderly in the Albuquerque, New Mexico area, was successful for a number of reasons; perhaps the most significant of these being the fact that the lessons learned by the trial and error method in the Reservation Access Project were carefully applied in the design and implementation of the urban project. Among these important lessons were: the need for careful selection and training of community coordinators (surveyors), a carefully designed diagnostic survey questionnaire, and active communication with and supervision of the community coordinator. The "before and after" statistics, so much desired in the reservation survey for the purpose of measuring the effectiveness of the project in accessing Indian elderly into entitlement services, were obtained incidentally in the normal course of activities in the urban survey, even though these statistics were not a major objective of the project.

Another distinct advantage of the urban survey was the training of the community coordinator in techniques to be employed in the conducting of interviews. The casual, rapport-building conversations between interviewer and respondent became a means of generating that all important "data" which reveals the feelings of the respondents about themselves, the service providers,

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and their own prospects for improved living circumstances, etc. (i.e., the psychological factors influencing access to services).

A refreshing and encouraging discovery during the Urban Access Survey was the willingness of certain service providers to cooperate and assist with the project in a number of ways. Service providers freely contributed such assistance as:

1. Providing office space and equipment for the NICOA researchers;
2. Providing locating rosters of Indian elderly in the Albuquerque area;
3. Performing eligibility checks on respondents and potential participants;
4. Providing background information, orientation, and brochures for the NICOA researcher;
5. Providing outreach efforts by means of telephone and personal follow-up on individual cases;
6. Providing referral forms, and making referrals to other service agencies;
7. Providing other types of general assistance in a very cooperative manner.

This kind of assistance, of course, is essential to the success of accessing elderly into the programs, and should be sought in all locations where the elderly Indian is found to be in need.

FINDINGS SUMMARIZED

The survey revealed a varied Indian population residing in the Albuquerque Area. They had come here from many areas of the country, but primarily from the Southwest (43% from among the Pueblo and Navajo people), and from Oklahoma (29% Cherokee and other Oklahoma tribes); those from other areas of the country comprised 28% of the 120 sampled. Though these people came from such varied geographic and cultural backgrounds, their reasons for being here and the problems they faced were remarkably similar.

With the influx of the Bureau of Indian Affairs programs, Indian Health Service and other government agencies into New Mexico, came many Indian people who were employees of the government. A large percentage of the elderly surveyed (65%) were Civil Service retirees who had settled in the city upon the completion of their service with the various government agencies. This fact resulted in the skewing of the data, so much so that the survey indicated that only 10% of the respondents were in any actual need of services, food, clothing, or other types of assistance. If one could assume that the Civil Service retirement in-

come adequately provides for the needs of the 65%, it would follow then that the remaining 35% who were not Civil Service retirees were the only ones who made up the 10% found to be in need. That is, if one could assume this. However, the data showed that there was a general pattern of under-utilization of benefits and lack of knowledge of services available among large numbers of those sampled:

— 80% of the respondents remembered receiving an information letter from the Social Security Administration, but 40% did not understand or follow through with the procedure for application unless they received additional help from an outreach person.

— 80% of those eligible for Food Stamps did not have adequate information or knowledge of the procedures for application nor of their eligibility. The situation is further complicated by the applications themselves, which are extremely difficult for these people to complete.

— 60% of those eligible for Veterans Administration benefits either had no knowledge of their eligibility, or had no knowledge of application procedures.

And so it goes. One entitlement program after another was a general mystery of the vast majority of the respondents. In fact, lack of information was one of the major barriers to access faced by these elderly. Other barriers identified which were common among the respondents were:

— lack of transportation

— lack of telephones, or inability to hear well on phones

— fear of facing service provider contact personnel

— lack of contact from entitlement program outreach personnel.

The true-to-life contextual situation surrounding the statistics mentioned above is graphically illustrated in the following examples (cited here as they were given in the Urban Access Project Report):

Example I. The community coordinator in discussion with Mrs. A, found the client desired clarification related to widow's benefits. The community coordinator gave Mrs. A the pre-arranged contact name at the appropriate office. Mrs. A, who suffers from arthritis and experiences some difficulty in walking, boarded a city bus; with the transferring necessary, it took her 1-1/2 hours to reach the Social Security Office. Upon arrival at the Social Security Office, she gave the receptionist the pre-arranged contact name. Mrs. A was informed by the receptionist that she could not see that person because the person whose name she was given was an administrator. Mrs. A immediately left the service provider's office feeling very depressed and belittled.

In this single attempt at use of services the following barriers existed for Mrs. A:

A. Physical
   1. Arthritis
   2. Poor eyesight
   3. Slight hearing loss
   4. Inability to stand for long periods of time

B. Psychological
   1. Fear of bureaucracy
   2. Fear of rejection
   3. Fear of not being able to hear
   4. Fear of filling out difficult forms

C. Logistic
   1. A long walk from home to the bus stop
   2. Thirty minute wait between buses
   3. Could not hear bus schedule information over the telephone
   4. Did not know which side of the street to wait on

As a result of this experience, Mrs. A:

1. Did not receive the needed services
2. Felt humiliated because she couldn't get to the contact person
3. Felt discriminated against because of being an Indian
4. Would not go back to that office
5. Gave up

Example II. The community coordinator, during a visit to Mr. H. (71 years old), found he had no food and very little income. She referred him to the food stamps office in his area. Upon his arrival, the receptionist asked him to be seated. He was kept waiting approximately two hours, yet it appeared staff was not busy. When he finally was interviewed, the caseworker talked too fast and used "college words," making it impossible for Mr. H. to understand. When he requested clarification regarding a question on the form, the intake worker seemed to be more concerned with completing the required form than listening to the individual's concern.

In his attempt at use of services the following barriers existed for Mr. H:

A. Physical
   1. Hearing problems
   2. General health problems

B. Logistic
   1. Did not know bus schedule

2. Did not understand bus transfer system
3. Unfamiliar with neighborhood in which food stamp office was located
4. Bus driver forgot to tell him where to get off and he had to walk 5 blocks back to his destination

As a result of this experience, Mr. H:

1. Felt inferior because he could not understand "college words"
2. Felt humiliated due to the 2 hour wait
3. Felt he was a victim of racial discrimination
4. Did not get answers to questions he asked

Example III: In her visit to the home of Mr. and Mrs. S (75 years old) the community coordinator found Mr. S was on dialysis which required him to travel to the Veterans Hospital three times a week. When Mr. S initially began treatments, he had to hire a taxi cab for transportation, costing $16.00 per round trip × 3 times per week, or $48.00 per week. The coordinator notified the Veterans Administration of this situation. Forms were sent to the couple to fill out. The forms were too complicated — impossible for them to fill out. A request was made for an outreach worker to assist them in filling out the form. However, a VA worker lost the phone number and it was 2 months before the couple received assistance.

In an attempt to use services, the following barriers existed for Mr. and Mrs. S:

A. Physical
   1. Health problems — cannot take city transportation
   2. Poor eyesight
   3. Hearing problems

B. Psychological
   1. Fear of bureaucracy
   2. Fear of not being able to hear
   3. Fear of giving wrong information

C. Logistic
   1. No transportation
   2. Uncomfortable using the telephone

As a result of this experience, Mr. and Mrs. S:

1. Felt helpless
2. Felt hopeless
3. Felt inadequate in not understanding the form
4. Gave up hope

Further examination of Example I demonstrates two types of problems which are virtually devastating to the would-be seeker of help from entitlement programs: a) gross insensitivity on the part of staff at the service provider agency; and b) obscure and mysterious language of the complicated application forms. The long range effects of such an incident are summed up in some brief selected comments from the urban report: "*Mrs. A . . . felt humiliated . . . felt discriminated against . . . would not go back . . . gave up.*" What a tragic commentary on our high flown and much touted assistance programs! "Access" may never be achieved as long as we permit these abuses of the "respected old ones."

RECOMMENDATIONS

An important aspect of the Urban Access Project was the inclusion of an inquiry in the survey instrument (questionnaire) as to the recommendations of the elderly themselves for improvement of services — based on the assumption that the way they feel about the services and the program representatives has a direct bearing on their actual accessibility. The responses of the elders could be summed up in a single word: **Sensitivity.** Note the following list of recommendations from the survey respondents:

1. education and information on-site
2. Indian outreach workers
3. Indian intake workers
4. Indian elderly advisory boards to programs
5. quality control
6. testing of humanistic skills (interpersonal skills) before hiring of personnel
7. six month probationary period to assess performance (i.e., of service provider contact personnel)
8. sensitivity to Indians
9. sensitivity to the aging process
10. service providers should have more informal contacts with Indian elderly.

The list could go on, but it is obvious that there is a critical need for culturally sensitive and considerate personnel on hand at the service providers' locations (and outreach personnel) to handle the inquiries of the Indian elderly and to provide assistance in a gentle and understanding manner. Some further specific recommendations of NICOA growing out of this survey will be incorporated into section V. Recommendations.

IV. CONCLUSIONS

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NEEDS AND PRIORITIES

In all of the data available to us, which was obtained by means of the reservation survey, subsequent site visits and the urban survey, several critical needs have been identified, documented, and exemplified. For purposes of summary and ready reference some of these needs are listed here. They are:

1. Income to care for the basic subsistence needs (food, clothing, housing, utilities, etc.), or alternative forms of assistance and "in kind" provisions such as commodities.
2. Protection and surveillance to safeguard the elderly against abuse, either from vandals and burglars, or against others who would take advantage of them.
3. Transportation of the elderly for purposes of shopping for necessities, receiving services, or for socialization.
4. Household maintenance and repairs (including housecleaning services).
5. Information and advocacy to achieve enrollment in entitlement programs and uninterrupted receipt of services (something such as a community liaison program).
6. A paraclete (or "comforter") visitation program to provide encouragement and incidental assistance.
7. Cultural enrichment activities to enable the elderly to retain their cultural identity without shame.
8. An educational effort aimed at the relatives of the elderly to encourage and enlist their assistance in the provision of the needs of their own elders.

In order to accomplish the above, there must be a concordant revival of respect and compassion for these elders. Efforts must be undertaken, with a sense of enduring determination, to see that the Indian and Alaskan native elderly are given genuine opportunities for a functional and useful role in a society which seems to have outgrown its need for them, as it has become preoccupied with the trinkets and gadgets of modern technology.

The major emphasis of the discussion of needs and barriers to access thus far has been on the recipients of entitlement services; however, a vital link in the process of putting the needs and the provision of those needs together is the service providers themselves, or the representatives of the agencies. Undoubtedly, their attitudes and efforts toward access for the elderly have a direct bearing on

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the numbers of elderly participating in programs (as was seen earlier in the findings of the Urban Access Project). Unfortunately, not all service provider representatives perform their tasks with the degree of commitment and devotion that one would like to see. Herein lies a paradox: that any who are mandated to provide services to these people should themselves be responsible for barriers to access — a part of the problem, instead of a part of the solution. NICOA researchers did come across a number of service provider personnel who where actually serving among a given population because they wanted to, and felt a sense of obligation and compassion for the people. Clearly this is one of the keys to better outreach and access.

COMPARATIVE NARRATIVE

A comparison of the participation levels in entitlement services by areas reveals some striking contrasts — or does it? It may depend upon how one interprets the data. Note, for example, the following comparisons (taken from the chart in the Appendix).

	Jicarilla	Pine Ridge	Papago	Siletz
BIA GENERAL ASSISTANCE	32%	5%	7%	11%

From a cursory glimpse at the statistics above, one might be inclined to interpret the data as indicating that there is less need for BIA General Assistance at Pine Ridge, Papago, and Siletz than there is at Jicarilla. This is far from being a correct interpretation. What the statistics actually indicate is that there is less participation in the program among these three elderly populations than is at Jicarilla. The comparatively lower percentages at Pine Ridge, Papago and Siletz may stem from:

1. greater barriers to access;
2. less effective means of outreach on the part of entitlement programs in these areas;
3. problems inherent in the method of operation of the agency (such as a non-resident contact person, who makes only periodic visits to the service areas);
4. less sensitive, or even incompetent staff of the respective agency;
5. widespread misinformation among the elderly with respect to their eligibility for the program, or lack of informational efforts on the part of the service agency.

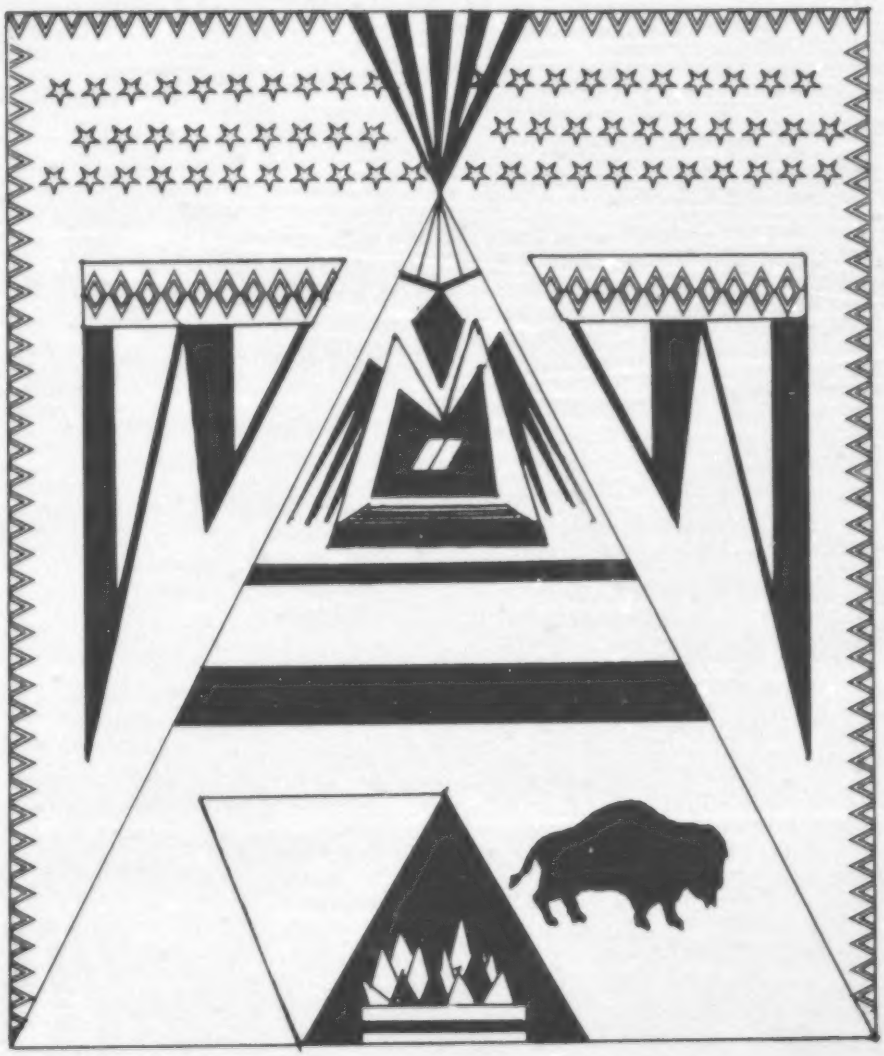
All of the above and more can seriously hinder higher levels of participation in any of the entitlement programs. Steps must be taken to minimize the effect of such factors on the life and health of Indian and Alaskan Native elderly (see Section V. Recommendations).

Some groups in the survey were found to have special needs, such as those individuals cited among the Papago and Siletz elderly. However, there is another consideration which has heretofore not been discussed. This applies primarily to the urban Indian elderly population. It is simply this: the urban Indian, ironically, is particularly subject to the possibility of social isolation in that he or she does not have the benefit of a surrounding supportive population from a similar linguistic and cultural background. This elder, then, is especially at risk, as all of the predictable psychologically, emotionally, and socially limiting influences creep in and imprison this dear, old one. And note furthermore, that the urban elderly Indian also experiences the same types of logistic problems in seeking and gaining access to services. It should also be noted that some programs, normally afforded reservation Indians, are not available to those who reside off the reservation in urban areas. A case in point is the BIA General Assistance, which is designed to supplement provisions for Indian people for whom the other entitlement benefits are not sufficient to meet their needs.

There are some variances from one site to another also on the reservation, (as evidenced in the examples from Papago) as to the severity and pervasiveness of needs. On the other hand, one would be less likely to find such cases among the Jicarilla, who are relatively better provided for. The basic difference rests in the higher degree of monitoring of the condition of the elderly in the area, and in the more effective implementation of outreach. This, then, gives us further clues as to some of the solutions to the interventive provision of special needs, and the maintenance of an effective outreach program. That is, a strong case can be made for the need for more intensive efforts on the part of the tribes and service providers to identify all of the needs in their service areas. The fact is underscored by a review of the reports from the NICOA researchers, which demonstrated that the needs can be identified, and people can be accessed into services. Note, for instance, the example of the disabled lady which introduced the discussion of the Papago findings (section II). This lady was located and interviewed during the course of one of the two-day site visits made by a NICOA researcher. Our question, then, is this: if a NICOA researcher, who does not live in the Papago area could find this lady and assess her needs in just two days, why is it that resident long-term service providers had not previously identitied this tragic situation, and were not seeking to intervene?

What can be done about situations such as those referred to in this report? In the pages which follow, NICOA proposes some recommendations and techniques which should directly address the problems and others like them, and will help to assure that such problems are not unnecessarily multiplied among the American Indian elderly population.

V. RECOMMENDATIONS



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V. RECOMMENDATIONS

OVER-ALL NICOA RECOMMENDATIONS

The findings of the entire survey (both reservation and urban) have occasioned the following recommendations, which (if implemented) NICOA believes will greatly enhance not only the matter of access to services, but also the general well-being of the Indian elderly.

1. Surveys be conducted on a nationwide basis in as many areas as possible where there are Indian elderly who are potentially eligible to receive entitlement services. The surveys, similar to the ones described in this report, should focus on identification and enrollment of Indian elderly who are in need of services.

2. The contents of this report and the findings of any subsequent surveys be channelled through a single source to assure coordinated and inclusive dissemination of information to the service provider agencies.

3. A convocation (or several regional convocations) of service providers, tribal representatives and other interested agencies (eg., NICOA, ANA, and AoA) be held for the purpose of discussing needs and laying out strategy for further survey and/or outreach efforts.

4. Funding be sought through the advocacy of service providers and tribes to underwrite heavy survey and enrollment efforts.

5. A coalition be formed (consisting of tribes, service providers, and other interested agencies) to present a united voice on behalf of the Indian elderly and to act as a perpetuating and motivating force in the campaign for Indian elderly (such as through organizing and/or sponsoring future convocations, studies, conferences, workshops, etc.).

6. A newsletter for nationwide distribution be sent on a periodic basis to a comprehensive roster of tribes and service providers and other agencies. Subject of the newsletter: developments, survey findings, legislation, etc., which pertain to the cause of Indian elderly.

7. The matter of recruiting culturally sensitive personnel for service provider agencies serving American Indian and Alaskan Native communities be discussed with the personnel departments of the agencies; and that steps be taken to incorporate into their qualifications for hire provisions which will encourage the hiring of such culturally sensitive personnel.

8. That the various entitlement agencies at the Federal level be encouraged to establish offices on Indian reservations and urban areas serving Indian populations, to be staffed by Indian personnel who are bilingual, or by

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culturally sensitive personnel who are carefully selected for the local situation.

9. That a system of controlled disbursements of tribal dividends for land lease allotments, etc. be implemented to avoid the depletion of these resources at premature stages (prior to the meeting of seasonally heavy utilities expenses for example). Also that certain types of these dividends be reviewed for the possibility of regarding them as exempt from consideraton as determining factors in regard to eligibility for benefits from some entitlement programs.

10. That inquiry be made into the possibility of legislation which would designate Indian tribes as administrators of entitlement programs in their areas (Note: during the reservation survey, it was found that the Oglala Sioux for instance, had been extremely successful in administering the Food Stamp program in their area — an 83% participation level, which was the highest of any of the entitlement participation levels except for tribal dividends).

11. That service providers (perhaps at a convocation of the sort mentioned above) investigate the feasibility of establishing a centralized administrative office for entitlement services for Indian tribes, and that funding be channelled through a single source to be allocated to the tribes on a block grant basis.

12. That service providers radically revise their application and eligibility procedures so as to simplify the requirements and to overcome the reluctance of many Indian elderly to seek assistance because of the complicated procedures and language.

13. Cultural orientation and specialized training in ourtreach techniques (geared for a given area) be provided for all incoming and current service provider personnel.

14. Elderly Indian people themselves should be involved with new program development and have input into existing programs. Such projects as a mutual help system, wherein a more physically able elder is called upon to assist those who are more in need by performing some chore, would not only meet immediate needs but would also provide for morale-boosting socialization between elders. A further step could be implemented: that is, involving the elderly in a neighborhood visitation and surveillance effort so as to help monitor the needs and help protect their fellow elders.

15. As part of the outreach efforts of the various entitlement services, more direct and effective educational methods should be employed in inform-

ing the elderly of available services and of application and eligibility requirements.

ADDRESSING THE NEEDS

In the course of the surveys which were conducted on the reservations and in the Albuquerque urban area, several barriers to access were mentioned repeatedly. It is felt that these particular barriers are the major factors preventing access to services for the Indian elderly, and these must be dealt with in a direct and appropriate manner. These major barriers were: (1) lack of information (on the part of the Indian elderly) concerning services and procedures for application, (2) lack of information (on the part of the service providers) regarding the existence and extensiveness of needs among their service populaton, (3) lack of transportation, (4) lack of sensitivity on the part of some service provider staff to the needs and feelings of the elders, and (5) complicated and obscure language in the application forms of the various service agencies.

In the pages which follow, a number of approaches are suggested for addressing the needs directly. For the sake of ready reference and specificity, the approaches are categorized by types of agencies which are involved in serving the needs of Indian elderly.

1. Service Providers

Undeniably, the role of the service provider is pivotal and critical to the success of meeting the access needs of the Indian elderly. The following general approaches to the needs and barriers are given with the service provider in mind, in the hope that some of these methodologies or ideas will stimulate definitive action to deal with the needs. Some approaches may not be appropriate to a given situation, but these may be adapted for the specific sets of circumstances.

A. Lack of information regarding entitlement services —

(1) A revival of interest is needed (in some case, stimulation of interest) in outreach efforts on the part of service providers. One of the more distressing findings of the surveys was that there were some service provider agencies which have little or no outreach emphasis in the operation of their programs. Accordingly, outreach needs to be designated as a priority in the budgeting of funds and in the implementation of programs.

(2) More emphasis is needed in the area of community education/public information efforts conducted by service provider agencies through:

(a) presentations at community meetings, senior program centers, or other gathering places of the elderly and their families;

(b) special meetings conducted by service providers for the express

purpose of informing the elderly and their families about application procedures, eligibility requirements, services offered, etc.;

(c) announcements and/or special programs presented through the local media (radio, television, newsletters, town crier, etc.);

(d) "house calls" made by designated outreach persons who are trained in procedures, and are either employed by, or collaborate with the service agencies;

(e) cooperation with other service agencies serving the same population — either through a reciprocal referral process, or through enlisting the assistance of another agency in communicating information regarding services. For example, local senior citizens programs, CHR programs, Home Health Care programs, etc. could be used to disseminate information during the normal course of their provision of services.

(3) simplification of forms and procedures, along with the revision of eligibility standards so as not to exclude from services any who are truly in need;

(4) education/information efforts which are incidental to casual and informal contacts in the normal course of a day;

(5) community/reservation canvassing efforts utilizing the assistance of neighborhood employment and other programs such as Neighborhood Indian Youth Corps, CETA and others (as objectives and regulations of those organizations would permit).

B. Lack of information regarding the existence of needs —

It was discovered through the NICOA surveys that some service providers are not actually aware of the severity or the existence of some needs among the Indian elderly within their own service populations. Therefore, the following alternative approaches to this lack of information are suggested:

(1) dissemination of this report among all service providers in areas which serve Indian elderly.

(2) further needs assessment and survey efforts at many more locations across the country, and a reporting of the findings to the responsible persons within the service provider agencies.

(3) presentations of the identified needs among American Indian elderly — these presentations to be given at conferences of service providers, area offices, etc.

(4) communication between service providers and tribal or urban agencies — this communication designed to assess and address the needs which are already known to responsible persons in the service area.

(5) informal gatherings of service providers with community members, including elderly and their families, and other types of involvement on a personal level in order to familiarize and sensitize the service providers with the needs.

C. Transportation of the elderly to receive services —

(1) service providers should seek to minimize the necessity for transportation through:
   (a) outreach and communication efforts;
   (b) modification of policies which require that the elderly come to the service provider location to fill out forms or receive services; combined with practices which would take the services to the elderly (as much as possible); such as the practice of some commodities programs in which the commodities are delivered to the people who are entitled to them.
   (c) conducting mail-out campaigns designed to inform and to enlist potential recipients of services. One such practice was being observed by a service provider in the Albuquerque urban area, in which the service agency sent brief and clearly printed cards to the Indian elderly explaining eligibility, and giving a number they could call if they had any questions.
   (d) contacting elderly persons at their accustomed gathering places, and seeking to qualify them and get them enrolled for services while they are present.

(2) coordination of enrollment and service delivery efforts with programs which do provide transportation for the elderly.

(3) a cooperative effort between the programs to institute and support with budgetary allocations a shuttle service.

(4) home visits by service provider personnel to assist and serve the elderly at home, especially for those who are truly "home bound" due to some physically (or psychologically) disabling condition.

(5) location of service provider offices closer to the population centers of Indian elderly. The practice of making only occasional visits to an area (while sometimes justifiable from the viewpoint of budgetary considerations) is inadequate in some areas where the needs are widespread, or where there is an exceptionally large elderly population.

D. Lack of sensitivity to the needs and feelings of elders —

(1) more careful selection of personnel to serve in areas where there are Indian elderly (see Action Plan 5).

(2) careful monitoring and internal evaluation of personnel attitudes and performance.

(3) follow-up in the form of appropriate corrective action in cases where there are staff members who have been found to be insensitive in demeanor, or inconsiderate in the delivery of services.

(4) establishment of cooperation with advocate/liaison persons who have been employed for the purpose of assisting the elderly in receiving services, understanding instructions, etc.

(5) orientation of service provider personnel (both current and incoming) in the local values, cultural and social considerations, etc.

(6) modification of the hiring practices and qualifications requirements to take into consideration the need for cross-cultural sensitivity.

(7) provision of incentives by service providers, tribes and other agencies for long term and devoted service.

(8) careful attention to the need to express gratitude for good service (both on the part of service provider administrative personnel and on the part of tribes).

(9) discussing issues of understanding and cultural sensitivity with proprietors of local businesses, food stores, etc., and with other community members.

E . Complicated forms and application procedures (see Action Plan 3).

2. Tribes

In a reservation setting, the cooperation and involvement of the tribal council governing or local governing body is absolutely essential to the effective and on-going delivery of services to the elderly Indian population. In many cases, this particular governing body is comprised of or has valuable knowledge of the elderly population. Any attempt to develop and implement a service delivery system without reference to the Council and input from them is destined to inadequacy and misunderstanding. The role of the Tribal Council then, in dealing with the barriers faced by their elderly population in seeking access to services is an integral and important one. Tribal Councils and other tribal agencies can address the needs in the following ways:

A. Lack of information regarding entitlement services —

(1) cooperate with service providers in information and education efforts;

(2) advocate for the establishment of service program offices and staff to be installed at the local level, if they are not already there;

(3) develop tribal management systems and train tribal personnel for the purpose of administering entitlement programs at a future date. The process of assuming responsibility for the administration of programs would be gradual, assuming that tribal personnel will have to be trained in procedures, eligibility requirements and agency regulations.

(4) upon assumption of the responsibility for administration of entitlement programs, the tribe then may follow the informational procedures suggested for service providers in this report.

(5) establish community liaison/public information office for the purpose of clarifying procedures and eligibility requirements (assuming that funding may be available, or that this task could be assumed by some tribal office which is already in place).

(6) provide bilingual interpreters as community liaison/public information staff (if necessary).

(7) incorporate service information efforts into the performance of other tribal programs' daily tasks.

B. Lack of information regarding needs of the elderly —

(1) communication to service providers of known needs;

(2) further survey efforts to discern unmet needs, and communication of the findings to service providers.

(3) active informal communication with elderly, and with members of their families, and the forwarding of information concerning needs to the service providers.

C. Transportation of the elderly for services —

(1) coordinate current transportation services performed by such programs as nutrition programs, CHR programs, etc. with service provider delivery of services and informational meetings. Expand these transportation services as necessary to meet needs (within the limits of available funding).

(2) seek to minimize the need for transportation by means of:
   (a) assisting service providers in efforts to do the same;
   (b) seek grants, etc. to build housing for elderly in close proximity to service provider locations, or to build reservation-based long term care facilities for those who are disabled or are in comparatively greater need. Seek other means to encourage centralized living.

(3) train personnel who are already in contact with the elderly to perform some of the practical tasks normally performed by service provider personnel (eg., assisting elderly with filling out forms, giving information

regarding programs, explaining regulations, etc.)

D. Lack of sensitivity to the needs of the elderly —

(1) discussion with the service provider of local tradition, behavioral patterns, values, and specific or unique needs;

(2) provide qualified staff to make cultural presentations and assist with orientation sessions for service provider staff;

(3) through the evaluative process (see Phase III a) identify areas in need of improvement;

(4) provide input through both formal and informal channels into the personnel management and service delivery aspects of service provider operation;

(5) designate and hire a tribal advocate/liaison person who will work with service providers on behalf of the elders, and who will explain to the elders the position and difficulties faced by the providers.

3. Urban Centers, Aging Programs, other agencies —

Many of the barriers and problems faced by Indian elderly on the reservation are also shared by those who reside in urban areas. There are some ways, however, in which the problems are either intensified or are unique for the urban Indian population. By the same token, some of the methods in dealing with those problems are similar, but other special methodologies are required in order to meet the unique needs. The following approaches are suggested in addressing the specific needs of urban Indian elderly population.

A. Lack of information regarding services —

(1) urban centers and other urban agencies for the aging should designate a staff member (or members) to act as liaison personnel between the service providers and the elderly Indian population. or the matter of liaison and advocacy should be established as a component of staff responsibility (in the event that staffing levels and funding do not permit the adding of a full time staff liaison). The person to whom the liaison responsibility is given, should then initiate active communication with the service providers to obtain information and knowledge concerning their services and application/eligibility requirements.

(2) initiate and maintain good communication with contact persons of the various service agencies; and assist them by conveying important service information to the Indian elderly of the community.

(3) having developed a roster of Indian elderly which documents their needs and their service access history, contact each member on this roster, and determine what areas of information are still unclear to them pertaining

to services and/or regulations; provide the needed information (see Action Plan 1b).

(4) urban center or other urban agency staff should sponsor, coordinate, and conduct service provider "fairs" in which numerous service providers are invited to a given location to meet with the Indian elderly and to make presentations concerning their programs (also to enroll elderly clients at the scene).

(5) perform various follow-up tasks on behalf of the service providers to assure that the elderly have received and understood program and regulations information (such as phone calls to the elderly after literature has been mailed out, application has been made, or other dialogue with service provider has taken place).

Lack of information regarding needs among the elderly —

(1) On the basis of information compiled on the client roster (see Action Plan 1b), communicate needs to the responsible parties within the service provider's organization.

C. Transportation of the elderly to receive services —

(1) seek funds for or advocate for establishment of shuttle service to transport elderly to and from service provider locations;

(2) provide and/or clarify for Indian elderly information regarding commercial transportation, schedules, appropriate stops (point of nearest proximity to elder's destination).

(3) provide or arrange for escort service for the elderly who are using commercial transportation to gain access to services. This escort service might be provided by means of enlisting volunteers from the community (including other Indian elders).

(4) advocate establishment (or re-instatement) of such transportation services as provided by CETA and nutrition programs;

(5) hand carry application and eligibility information to Indian elders, thus minimizing or eliminating the need for them to travel to receive some services;

(6) seek, through legislative channels, to effect a re-definition of "home-bound" status, which is necessary to qualify some elderly to receive home-delivered services. Some Indian elderly who face multiple fears of utilizing commercial transportation or facing contact persons at the service provider locations, and who do not understand bus schedules, etc., are virtually home-bound in that they are psychologically restricted from taking advantage of "available" transportation.

D. Lack of sensitivity to the needs and feelings of elderly —

(1) Urban program staff needs to become sensitized in some cases to the situation of the Indian elderly in their service area;

(2) sponsor and conduct informal gatherings, and other meetings such as those mentioned earlier, to bring Indian elderly and service providers together;

(3) designate as Indian elderly liaison persons who are especially skilled in interpersonal relationships. This person should presumably be instrumental in helping to bridge the cultural and social gaps which exist between the elderly and the service providers;

(4) bring in qualified resource people to speak to gatherings of service providers on topics related to cultural sensitivity.

VI. ACCESS PROJECT MODEL

VI. AN ACCESS MODEL

As has been demonstrated in the preceding pages of this report, there exists a wide diversity of environmental factors which affect the matter of access to entitlement services in various ways. Consequently, a single, detailed plan to address the needs will not necessarily apply to all sets of circumstances. It is possible however, to present a generalized approach to the needs and barriers which, incidentally, are very similar from one location to the next (despite differing environmental factors). Because of this similarity in needs, and because the same basic resources are needed to address these needs, this generalized approach can be adapted or "replicated" to fit the specific situations.

While no one plan, or set of plans, can effectively account for and deal with all of the varied sets of circumstances, a model has been devised herein which should serve as a springboard to specific and appropriate access program designs. This model is presented in several phases in order to allow for the varying stages of development of access efforts at locations across the country. For instance, survey and needs assessment efforts have been fairly thoroughly completed in some locations; therefore the survey phase (PHASE I) would not be pertinent or necessary for these situations. Thus, the model is designed so that a tribe, service provider agency, or urban agency can enter the model at the appropriate point, and carry on from that point with a logical and practicable sequence of action steps and procedures. The four phases of the model are:

PHASE I Survey and Needs Assessment

PHASE II Service Delivery and Follow-up

PHASE III Evaluation

PHASE IV Legislation and National Level Activities

Phases II and III of the model are presented from three different viewpoints each, to account for the varying approaches which would be required for tribes, service providers, or urban agencies; consequently, there will be some overlap of activities and approaches because of similar procedures necessary to address specific needs.

PHASE I Survey and Needs Assessment

Any of the three types of entities (tribes, service providers, or urban agencies) could perform this phase of the model, depending on the dictates of the local situation and other factors such as: level of interest in the needs, availability of resources, ultimate responsibility for meeting needs of the service population, etc., or combinations of agencies might be involved in conducting the needs assessment and preliminary access effort. In any case, the following procedures were found to be successful in the experience of NICOA as they conducted the

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Access Projects, and they should be readily adaptable by other agencies.

A. Outline specific plans, and designate responsible parties for needs assessment/access effort.

B. Identify the environmental background including:
   1. Geographic area and service population
   2. demographic data
   3. economic considerations ("How will we fund this effort?")
   4. goals and objectives of the survey
   5. cultural considerations and social considerations

C. Identify current resources
   1. available services for the elderly
   2. available funding for on-going access/service delivery efforts
   3. available non-cost resources:
      A. social service office personnel (already salaried)
      B. IHS or tribal/community health programs
      C. volunteer services, NIYC, CETA, etc.
      D. outreach efforts of other institutions (eg., education institutions, non-profit organizations, etc.)

D. Identify needs and barriers faced by the elderly in seeking access to entitlement services (per Action Plan 1 a & b).

E. Evaluate and analyze findings, and compile final report.

PHASE II a Service Delivery and Follow-up (Tribe)

This phase begins with the assumption that Phase I, or something similar, has been completed, and that the needs of the elderly and barriers faced by them are known to the Tribe.

A. The Tribal Council should designate a specific person or committee to promote access for the elderly via resolution, appointment, task assignment, or hiring. The person or committee will serve in an advocacy/liaison capacity under the auspices of the Council. If a committee is selected, it may consist of the following: the Tribal Council itself, an ad hoc committee appointed by the Council, other standing committee such as a health board or aging program staff, a community-based action committee, or a steering committee comprised of any combination of the above but also including service provider representatives. The committee or individual should be answerable to the

Tribal Council, or at least report to them for the sake of keeping them informed as to programs.

B. The responsible party or committee should meet with service providers, discuss needs, and (in concert with them) develop or adapt a plan to address the needs which are known. Replicate Action Plans 3-5 to fit the specific conditions in the service area.

C. Maintain careful follow-up and communication with the service providers, as well as with the elders and their families. Implement Action Plan 2, developing an independent roster, and using it as a monitoring device to see that needed services are actually completed and to track individual elderly persons through the service delivery process.

D. Conduct subsequent survey efforts as deemed necessary to up-date needs, and to provide information, or to make needed adjustments in methodologies or program structure.

E. Review and evaluate progress by means of Phase III a.

PHASE II b Service Delivery and follow-up (Service Provider)

A. In consultation with tribal liaison or committee (see Phase II a), the service provider agency should study the needs and barriers, and work with the tribal liaison or committee to develop or adapt a plan to meet those needs.

B. Implement plan to address specific needs and barriers (see Action Plans 3-5), also "Addressing the Needs." (Section V. B.)

C. Maintain careful follow-up and communication with the service providers, as well as with the elders and their families. Implement Action Plan 2, developing an independent roster, and using it as a monitoring device to see that needed services are actually completed and to track individual elderly persons through the service delivery process.

2. other method of contacting the recipient for follow-up;

3. the known needs of the recipient;

4. mitigating circumstances or barriers experienced by the recipient;

5. description of the service provided, and date of occurrence; also date of future appointment.

D. Maintain follow-up to assure completion of service delivery (per Action Plan 2).

PHASE II c Service Delivery and Follow-up (Urban agencies)

A. Document known needs for purposes of addressing them directly (see Action Plan 2).

B. Adapt or implement a plan to address specific needs (see "Addressing the Needs," section V.B., also Action Plans 3-5).

C. Maintain follow-up, via prepared roster of Indian elderly and their needs, to assure completed services and adequate tracking of elderly through the service delivery system.

D. Develop and maintain a networking effort.

E. Using the client roster and other available information as a measuring device, perform evaluation and advocacy efforts (see Pase III c).

PHASE III a Evaluation (Tribe)

A. The tribe must establish and maintain active communication with service providers. This can be done through:

1. formal relationships of the Tribal Council with service providers and project officers (i.e., the normal working relationship and channels);
2. reports and monitoring activities of appointed liaison or committee (see Phase II a);
3. periodic meetings with service providers to discuss access and service delivery issues, changing or unmet needs, quality of service, etc.
4. assessments and reports from the elderly themselves and their relatives.

B. A system of formal review should be incorporated into the Tribe's working relationship with the service provider in order to assure accountability, quality of service, etc. (see C. below).

C. Evaluation of the access and service delivery status should be conducted on the basis of the following criteria:

1. accessibility of services:
2. service provider activites to deal with barriers:
3. quality of services:
4. timeliness of service delivery
5. follow-up practices:
6. sensitivity in delivery of services:
7. effectiveness of public information/education efforts

D. Based on the results of the Tribe's evaluation, appropriate action should be taken. This action could consist of:

1. resolutions and commendations for outstanding performance;

2. suggestions for service providers' improvement in service delivery and access,
3. assistance to the service provider in such things as outreach, community educaiton, facilitating access, communication of information for the service provider through tribal programs in contact with the elderly and their families, providing meeting and media facilities, and cooperating in plans for service provider meetings or scheduled contacts with service population;
4. advocacy at the official level for needs which are not being met, but which affect large segments of the population;
5. communication with project officers, area offices, service program supervisory staff, superintendents, etc. in cases where performance is habitually below expected standards of quality, timeliness, sensitivity, etc.;
6. formal request to supervisors of poorly performing staff for disciplinary action (even removal in severe cases).

PHASE III b Evaluation (Service Provider)

A. Service Providers should establish (in consultation with tribal authorities) minimum standards for each agency in areas of:
   1. quality of performance;
   2. timeliness of service delivery;
   3. accessibility;
   4. follow-through;
   5. outreach efforts;
   6. sensitivity to service recipients;
   7. as well as meeting of programatic goals and objectives.

B. Service Providers local administrative staff and area superintendents should maintain active communication with tribal sources to get readings and input regarding areas in need of improvement.

C. Service Providers should establish an internal evaluation process dealing with the above-mentioned minimum standards, as well as evaluating their own application and eligibility process to assure adequate understanding on the part of the service population and equity in the matter of qualifying them for services.

D. On the basis of both internal evaluation and of tribal input, service providers should take appropriate corrective action — which is both responsive to the circumstances and is in keeping with the agency's own personnel policies. (See Action Plan 2).

E. Attention must be given to methodologies, regulations and procedures which may not be appropriate for a given situation, and service providers should respond with any necessary action to make adjustments in these methodologies, regulations, or procedures.

PHASE III c Evaluation (Urban Center, Aging Program, Other Agency)

A. The urban center, aging program or other agency should designate a task assignment for one of its staff (a community liaison person) to monitor the delivery of services and access to services using the client roster (see Action Plan 1 b).

B. The designee for the task of monitoring will maintain a system of regular and active communication with service providers and with elders who are on the roster. With respect to the service providers, this communication should serve the purposes of building rapport, informing, assisting, etc., as well as monitoring their delivery of services. (Obviously, if rapport is not built, the evaluator will be looked upon only as a "watch dog" and a trouble-maker).

C. Using the client roster as a measuring device (see Action Plans 1 b, and 2) the evaluator should note areas in need of improvement and report same to service provider.

D. The urban center, aging program, or other agency should maintain good communication and working relationships with area service provider superintendent's offices. In the event of failure on the part of a service provider to respond with necessary corrective action, this information should be communicated to the superintendent's office, and the urban center, aging program, or other agency follow-through and assist toward a solution of the matter in a cooperative spirit.

E. Evaluative reports should be prepared and shared with the service provider. More serious problems, or exceptional service, should be communicated to the service provider's main headquarters in the form of a formal letter of complaint or commendation.

F. Assistance of other organizations which advocate for the cause of Indian elderly should be enlisted in the more extraordinary or serious service provider failures.

PHASE IV (Legislation and National Level Activities)

A. Reports such as this present document should be placed in the hands of responsible people at the national level.

B. Tribes or urban agencies which are formed for the purpose of advocating the cause of Indian elderly should establish lines of communication with service provider agency's national headquarters.

C. Tribes and other advocacy agencies should provide information to national headquarters offices, and discuss with them issues affecting the condition and well-being of Indian elderly (especially with regard to access to services).

D. Via resolutions and other governmental procedures, tribes or local agencies should present feasibility studies demonstrating a readiness to assume responsibility for local administration of entitlement programs.

E. Upon approval by proper federal authorities, tribes establish administrative structure, operational procedures, etc. All that is necessary and pre-requisite to the take-over.

At the point where administration of programs is turned over to the tribes, the Tribe then becomes in effect a service provider. As such, the tribe should maintain the same aims, goals, objectives, and operational procedures recommended herein for service providers (see Recommendations and Action Plans), but must establish very careful and strict internal evaluation procedures and controls in order to assure quality of services and responsiveness.

VI. AN ACCESS PROJECT MODEL

ACTION PLANS

The following Action Plans are given to facilitate the implementation of Phases I - III, of the Access Model. They represent a logical sequence of steps which can be employed or adapted to achieve the goals and objectives they deal with. These steps should not be taken as imperative or rigid requirements, but should be adjusted as dictated by the needs of the local situation.

It is, nevertheless, believed by NICOA that, if these or similar steps are implemented, the desired objectives will be accomplished: and the results will be enhanced access and service delivery conditions wherever they are applied.

ACTION PLAN 1 a

GOAL: to obtain an accurate profile of the status of Indian elderly in a specific location with respect to their needs and barriers in seeking access to entitlement services.

NEED/PROBLEM: the actual extent and severity of needs and barriers among Indian elderly in both reservation and urban settings has not been determined in many locations; therefore, efforts to meet those needs have been conducted in a reactive and inadequate manner.

OBJECTIVE: to perform the necessary preparatory steps which will ensure that the survey is successful and representative of the actual conditions and needs among the elderly in the service area.

ACTION STEPS	RESPONSIBLE PARTY	COMPLETION/ TARGET DATE
1. Enter into consultation with the Tribal Council, or the urban agency Board of Directors and involve them in planning and implementation of the survey effort.	Initiating agency in consultation with Tribal Council or urban agency Board of Directors	Planning stage
2. Establish survey objectives and scope of the research.	(as above)	"
3. Establish administrative/supervisory structure (on-site).	(as above)	"

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ACTION PLAN 1 a

ACTION STEPS	RESPONSIBLE PARTY	COMPLETION TARGET DATE
4. Identify funding or sponsoring source.	(as above)	"
5. Select or devise survey instrument.	(as above)	"
6. Recruit and hire surveyor or assign task to current staff, or retain consultant(s) (see surveyor profile, Appendix, page 148).	Initiating agency in consultation with the Tribal Council or Urban Agency Board of Directors	planning stage
7. Train surveyor in: a. goals and procedures b. administration of survey instrument c. interview techniques d. reporting and evaluation procedures e. lines of responsibility f. other orientation information (see Appendix, pages 156-157)	(as above) with consultative agency or resource person(s)	"
8. Meet with service providers to explain purposes and objectives of survey.	initiating agency	"
9. Initiate survey (per Action Plan 1 b).	surveyor in consultation with initiating agency, Council, Board of Directors	upon completion of preparatory steps.

ACTION PLAN 1 b

GOAL: (see Action Plan 1 a)

NEED/PROBLEM: (see Action Plan 1 a)

OBJECTIVE: to obtain a comprehensive roster of Indian elderly in the service area, and a profile of their status; and to perform preliminary referral to service provider agencies.

ACTION STEPS	RESPONSIBLE PARTY	COMPLETION/ TARGET DATE
1. Initiate survey	surveyor, in consultation with initiating agency	upon completion of preparatory steps.
2. Prepare and distribute letter of introduction to service providers and other concerned parties (see Appendix, page 160).	initiating agency	at the outset of survey
3. Develop an independent roster of Indian elderly, documenting needs, to whom referred, and date of referral, etc.	surveyor in consultation with initiating agency	mo. 1-9 of project
4. Compile and monitor incoming data via weekly reports and monthly summaries from surveyor.	initiating agency with surveyor, or outside consulting agency	mo. 3-11 of project
5. Maintain communication with service providers re: findings.	initiating agency in response to reports	continuous
6. Conduct performance and project evaluations, and make necessary modifications.	initiating agency, or consultative source	week 2 or 3 of project
7. Use client roster as tracking follow-up device (cf. Action Plan 2)	surveyor with initiating agency	mo. 2-11 of project

ACTION PLAN 2

GOAL: to assure adequate and pertinent delivery of services for Indian elderly.

NEED/PROBLEM: in many cases, there has been no mechanism or system developed to "track" Indian elderly through the process of referral, delivery of services, and needed follow-up; consequently, many Indian elderly do not receive complete or on-going services.

OBJECTIVE: to institute a system of tracking Indian elderly through the service delivery process, and to provide a means of documenting, following up and evaluating delivery of services.

ACTION STEPS	RESPONSIBLE PARTY	COMPLETION/ TARGET DATE
1. Utilizing a client roster (eg., that developed in Action Plan 1 b), observe the process involved in referral, application and enrollment, service delivery and follow-up.	Tribe, service provider urban agency	on-going
2. Note instances of failure to provide services, incomplete application/enrollment procedures, "lost" clients, discontinued services, etc.	tribe or urban agency in consultation with service provider	on-going, periodic
3. Report such instances to the service provider contact person or supervisory staff, and seek with them to determine cause of failure.	tribe or urban agency in consultation with service provider	according to their degree of urgency.
4. Contact elderly (or their families) who have not been fully accessed, and investigate contributing factors/ causes.	tribal/community liaison in consultation with initiating agency and service provider	per each instance
5. Take necessary corrective action (see Phase III)	Tribe, service provider, or urban agency	upon concluding causes and contributing factors.
6. Follow up corrective action with periodic re-evaluation, and make modifications where necessary.	Tribe, service provider, urban agency	periodic

ACTION PLAN 3

GOAL: to assure full understanding on the part of Indian elderly of available services, application procedures, and eligibility requirements.

NEED/PROBLEM: it has been repeatedly shown that many Indian elderly simply do not seek services because of misconceptions on their part and because of hard-to-understand procedures.

OBJECTIVE: to implement effective informational/educational efforts for the Indian elderly who are entitled to, but are not receiving services. These informational efforts will be designed to clear up misconceptions, and eliminate this barrier to access.

ACTION STEPS	RESPONSIBLE PARTY	COMPLETION/ TARGET DATE
1. Discern areas in which there is misunderstanding or lack of information by means of: a. conversations with elderly and their families. b. available information from survey reports, and knowledge of service providers or other observers. c. education/information meetings conducted by service providers or others.	Tribal/community liaison or committee with service provider	on-going
2. Establish an advocate/liaison position and select qualified person or assign to current staff.	Tribe, urban agency	upon identification of needs
3. Inform service providers of areas of needed clarification (if not already taking the initiative to correct them).	Tribe/community liaison	on-going
4. Service providers confer with resource people (educators, linquists, etc.) to develop means of clarification of procedures, literature, and application forms.	Service provider with resource persons	as necessary
5. Revise informational literature and application forms.	Service provider in consultation with resource persons	as necessary
6. Conduct public information/education efforts throughout service area, utilizing bilingual instructors wherever possible (see Section V. B., especially pp. 96-100).	Service provider with assistance of tribe or urban agency.	on-going

ACTION PLAN 4

GOAL: to provide transportation or other means necessary to assure full access to services.

NEED/PROBLEM: lack of transportation has been identified as a major barrier to access repeatedly. This barrier effectively isolates many Indian elderly, leading to increasing severity of other types of problems.

OBJECTIVE: to minimize the need for, or to provide transportation to the extent that all Indian elderly in the service area are at least enrolled and are receiving minimal assistance. *Optimum level of achievement:* full access to quality services for all elders.

ACTION STEPS	RESPONSIBLE PARTY	COMPLETION/ TARGET DATE
1. Determine level of need for transportation through: a. previous survey information. b. other currently available information. c. further needs assessment if necessary (i.e., survey)	Tribe, service provider, urban agency	immediate and on-going
2. Seek means of minimizing the need for transportation (see Section V. B., page 96).	Tribe, service provider, urban agency	upon determination of needs
3. Seek the cooperation of and utilize services of existing transportation programs.	Tribe, service provider, urban agency	on-going
4. Devise means to take services to the elderly population (especially to "home-bound", see Section V. B., pp. 102-103).	Tribe, service provider, urban agency	on-going
5. Collaborate to acquire funds for shuttle service which is adequate to meet remaining needs.	Tribe, service provider, urban agency	as necessary

ACTION PLAN 5

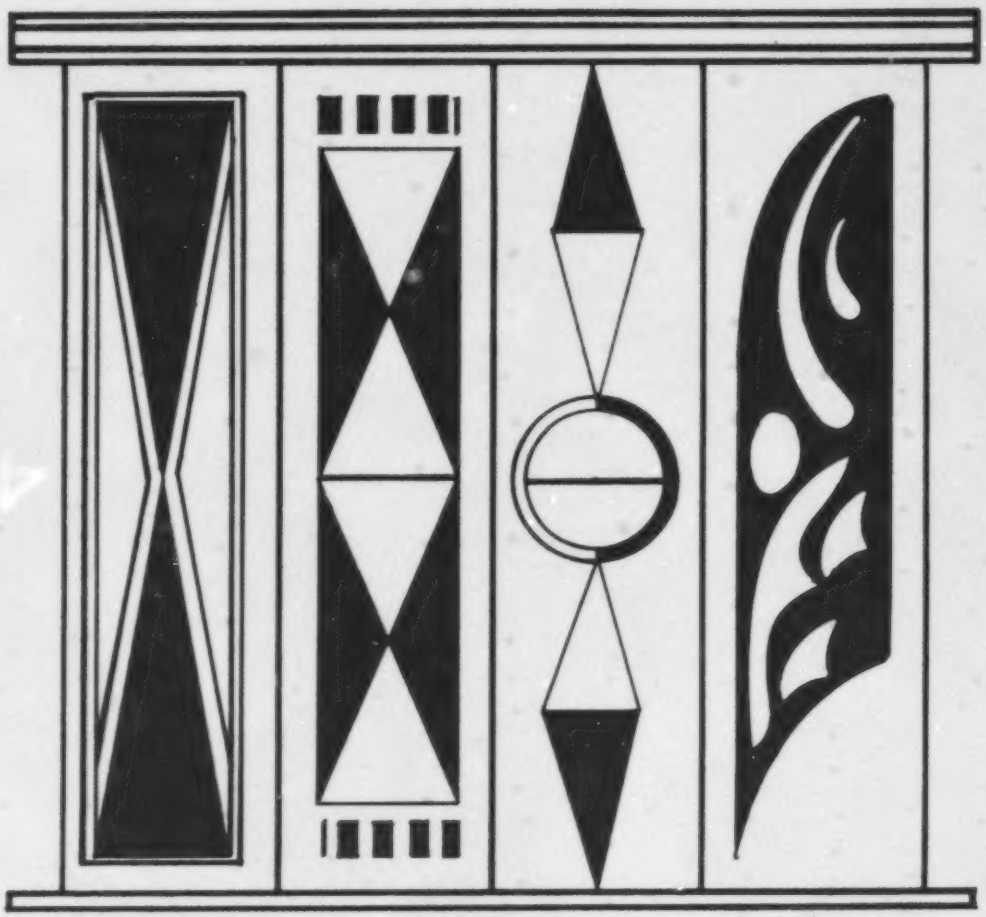
GOAL: to remove social and psychological barriers and to promote a more sensitive and understanding delivery of services.

NEED/PROBLEM: many times Indian elderly are kept from seeking assistance from service provider agencies due to psychological and social factors such as fear of the bureaucracy, fear of unfamiliar surroundings, or insensitivity on the part of some service provider staff.

OBJECTIVE: to assess and deal with directly the psychological and social barriers to access, and to overcome the barriers to the extent that they become a negligible factor.

ACTION STEPS	RESPONSIBLE PARTY	COMPLETION/ TARGET DATE
1. Compile all available information pertaining to these barriers (e.g., from sources such as this report, local needs assessments, knowledge of circumstances on the local scene, etc.)	Tribe or urban agency together with service providers	
2. Generate new information (as needed) through conversations with elderly and their families (see Section V. B., pp. 108-111).	tribe or urban agency together with service providers.	
3. Initiate new public relations emphasis via community information campaigns, involvement in community activities, etc.	service providers	w/ periodic re-emphasis as necessary
4. Establish and maintain careful personnel recruitment practices to assure hiring of culturally sensitive personnel.	service providers	on-going
5. Orient and/or train current staff in local culture patterns, value systems, and life-style.	service providers with assistance from tribe or urban agency and resource persons	periodic
6. Institute the practice of holding occasional workshops, community get-togethers, etc. for the purpose of education and public relations.	service providers with tribe or urban agency	periodic
7. Provide incentives for long-term service among American Indian communities.	providers and tribes	on-going
8. Provide incentives and opportunities for training and career development for American Indian young people to serve with the various service agencies.	service provider funding agencies, educational institutions, other funding sources.	on-going

VII. APPENDIX



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THE ACCESS PROJECT SURVEYOR

(The Community Coordinator or Liaison)

During the course of the Reservation and Urban Access Projects, it was made clear that the role of the Community Coordinators was a very critical one in determining the success of the survey effort. Certain problems encountered in the conduct of the Reservation Projects made it almost impossible, in some cases, to accomplish fully the objectives of the project. In some cases, the logistics barriers faced by the coordinators became a major hindrance to the gathering of adequate data; but in other cases, the actual output of the coordinators was restricted for numerous other reasons. Among these reasons were some basic inadequacies either in the selection or the preparation of the coordinators for the task. An added contributing factor was the fact that there was insufficient on-site supervision, and reports were received only sporadically or in a vague and incomplete manner.

In the preparatory stages of any such survey effort, then, careful attention must be given to the selection and oversight of the surveyor(s). On the basis of the experience of NICOA in both the Reservation and Urban Access Projects, NICOA presents the following considerations as vital to a successful survey and subsequent follow-up efforts.

1. The Community Coordinator/surveyor should possess the following qualifications:
   a. must be a person who has demonstrated reliability and conscientiousness in previous work experience.
   b. must be one who is familiar with the local area and its people (including the geography, community members, social and cultural considerations, etc.).
   c. ideally, the surveyor should be bilingual (i.e., speak both the dominant language of the larger surrounding area, as well as that of the people being surveyed). It should be noted here, however, that this requirement would not likely be feasible in an urban project in which the Indian elders come from many different linguistic backgrounds; and it may not be necessary on some reservations where the language has fallen into disuse.
   d. not only should the surveyor be one who has knowledge of the local situation (cultural and social considerations), but this person should also possess good inter-personal skills, and have a good deal of cultural sensitivity. It was discovered in some of the surveys that the ability of the Community Coordinator to establish rapport with the interview respondents, local officials, and service providers had a definite impact

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on the ability of the coordinator to gather complete and helpful information.

e. the surveyor should be a self-motivated person who is persistent and able to cope with the logistic and psychological barriers he/or she will most certainly encounter.

f. the surveyor should have some post high school educational background, or some compensating experience (such as successful experience in conducting previous community surveys or research).

g. the surveyor does not necessarily have to be an elderly person himself/herself, but must have a sympathetic and compassionate attitude toward the elderly of the area.

h. the surveyor must have good communications skills (both oral and written).

The above list of qualifications is modified somewhat from the one which was used in the NICOA Reservation Acess Project (see Appendix). The reasoning behind the modifications is that some very basic personality requirements were not met in the selection of coordinators for the project because they were not accounted for in the previous list of qualifications, and that many of the problems experienced in the conduct of the Reservation-based surveys stemmed largely from the lack of the traits delineated in the above profile.

2. In the selection of a Community Coordinator or surveyor, special care should be taken not to allow the decision to be unduly influenced by political considerations (i.e., seek to avoid the selection of a particular individual just because the person "has connections" or is a personal friend of some influential person on the local scene). Failure to avoid this kind of influence could result in the overlooking of someone who is better qualified for the job, or it may seriously prejudge the outcome of the survey findings.

3. By way of preparation, the surveyor should be well-trained in survey techniques, goals of the project, lines of responsibility (to the sponsoring agency, local supervisor, tribe, etc.). (Also see topics for Orientation, Appendix.).

4. The surveyor should maintain active and informative communication with the sponsoring agency through periodic reports and personal meetings with the on-site supervisor.

5. It should be made clear at the outset of the project that the surveyor will be accountable for all necesssary reports and for a pre-determined (but realistic) data output.

6. As another aspect of the surveyor's accountability, there should be a perfor-

mance evaluation early in the project (week 2 or 3) to determine the level of the surveyor's understanding of survey objectives and to determine the quality of performance of assigned tasks. At this point any necessary modifications in methodology or supervisory practice can be made.

7. The Community Coordinator/surveyor should be involved at some level in the analytical phase of the survey (based on the assumption that the surveyor is the one who has the best background for giving subjective interpretations of the empirical data, and can provide insights from his or her own observations).

COMMUNITY COORDINATOR, ACCESS PROJECT

GENERAL STATEMENT OF RESPONSIBILITIES

Under the direct supervision of the Director, Access Project, and the general supervision of the Director of the Office of Training and Technical Assistance. While undertaking activities at own initiative, the incumbent shall be responsible for the implementation of all project activities within his/her area of jurisdiction: incumbent shall submit to the Access Project Director all required reports and forms on a timely basis. Incumbent shall develop and maintain cooperative relationships with tribal organizations and governments, the National Indian Council on Aging, and service providers. Incumbent shall develop and implement an information dissemination methodology relevant to local environmental circumstances. Perform other duties as required by external and internal dynamics and contingencies.

SPECIFIC AREAS OF RESPONSIBILITY

1. Provide the Project Director with a comprehensive plan outlining the scope of projected local activities and dates of accomplishment;
2. Serve as a formal feedback resource on all training programs designed for community coordinators;
3. Develop and implement comprehensive data gathering methodology on service availability relative to target population;
4. Provide weekly reports to Project Director;
5. Implement all strategies designed to increase Indian elderly participants in programs identified by the Project;
6. Implement an interview methodology designed to gather information on outreach techniques utilized by agency officials;
7. Implement extensive interview methodology (door-to-door) designed to obtain service participation rates of target groups;
8. Review and analyze data obtained and identify obstacles to service utilization;
9. Identify and assist eligible elderly to participate in the service delivery system;
10. Implement an intra-tribal, multi-media information dissemination system.

MINIMUM QUALIFICATION

1. Preferably 45 years of age or older;

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2. Bilingual: English and the predominant language used in the community to be served;
3. High School graduate of G.E.D.; 5 years of work experience in community-based programs may be substituted for the diploma;
4. Ability to speak and write effectively;
5. Ability to develop assumptions based on information gathered;
6. Must have car and/or have access to transportation;
7. Must be knowledgeable about the customs and traditions of the community in which he/she will work.

Applications from all qualified applicants will be considered, but preference may be given an Indian applicant in accordance with the exemption provided in Title VII of the Civil Rights Act of 1964 for employers of Indians in areas on or near the reservation.

COMMUNITY COORDINATOR ORIENTATION

As a part of the training and preparation of the Community Coordinator in the NICOA Urban Access Project, an extensive series of orientation sessions was conducted at NICOA headquarters. The orientation proved to be a key factor in assuring the success of the project. Topics covered in the orientation sessions were:

1. Orientation to the Access Project —
   The purpose of these sessions was to familiarize the coordinator with the background and objectives of the project so that the coordinator would be better enabled to explain the project to elders and service providers in the course of his or her work.
2. Orientation to Entitlement Programs —
   The coordinator was familiarized with the requirements for eligibility, application procedures and benefits of the various entitlement programs in the area, based on the assumption that the coordinator, in turn, would be better prepared to explain these details to the elderly, and would be more prepared to help them negotiate the service delivery system.
3. Training in Interviewing Skills —
   The provision of training in interviewing techniques during the orientation sessions was one of the key areas in the preparation of the access coordinator. The conducting of interviews in a relaxed, personal and non-mechanical manner is undeniably a great aid to generating the all-important and pertinent information concerning the feelings of the elderly.
4. A Detailed Work Plan —
   A work plan used as a "How to" guide can also help to assure productive and well-organized data gathering. A sample work plan (used by the Urban Access Project) is found immediately following this portion of the Appendix.
5. Background Reading —
   The coordinator for the urban project was given a number of materials to read for gaining a more thorough understanding in such relevant issues as: a) physiology of aging; b) advocacy for the elderly; c) accessibility and its actual relationship to utilization of services; d) misconceptions regarding the elderly and the aging process; and f) types of service delivery systems.
6. The Older Americans Act —
   The sessions were designed to inform the coordinator as to the provisions, purposes, and objectives of the Act.
7. Orientation to Report Forms —
   Including: service provider contact forms, an elder contact sheet (questionnaire), travel reports, and weekly narrative.

WORK PLAN

POSITION: On site Coordinator

GOAL: To improve the lives of Indian and Alaskan Native elderly who reside in urban locations throughout the U.S. by identifying entitlement services available to them and assisting them in attaining access to these services.

NEED	OBJECTIVE	ACTIVITY	EVALUATION
1. The elders of the community need to be identified	To locate Indian elderly in the community.	1. Meet individually with service providers in the center to identify elders	Contact sheet and elders' names on file
		2. Visit nutrition program for contacts.	Contact sheet and elders' names on file
		3. Contact city social service providers and other similar groups for elderly search	(as above)
		4. Contact churches where Indian population is concentrated	(as above)
		5. Contact Title IV Part A Director for further identification	(as above)
2. A data base to indicate need	To conduct a needs survey	1. Publicize project via normal channels	Articles on file
		2. Collect data at nutrition site	Survey instrument on file

NEED	OBJECTIVE	ACTIVITY	EVALUATION
		3. Collect data door to door	Survey instrument on file
		4. Collect data at Indian gatherings	Survey instrument on file
		5. Collect data from program client records (e.g., social services CHR records, etc.)	
		6. Recruit and train volunteers to help with survey.	
3. Communication needs to be established between the elderly and the service providers.	To establish a communication line between service providers and elders	1. Establish a personal contact with service providers, community, city, state agencies.	Contact report
		2. Identify key contact person at each agency	Contact report
		3. Conduct meeting between elders and service providers for elder input.	Sign-in sheet report
		4. Disseminate written materials re: services	Materials on file dissemination record

NEED	OBJECTIVE	ACTIVITY	EVALUATION	
4. Improved accessibility to entitlement programs	To create a process for accessibility	1. Identify barriers		Report on file
		2. Identify available resources (current)		Report on file
		3. Identify alternative solutions.		

SAMPLE LETTER

From: Community Coordinator
To: Survey Respondents (elders)

Dear

The Albuquerque Urban Indian Center is conducting the Urban Elderly Access Project. The program began , 1982.

The purpose of this project is to increase the number of Indian elderly in Albuquerque receiving services and benefits to which they are entitled. To do this we have a two stage process:

1. Data Collection:

   To obtain data to identify the elderly: to determine the type of services (Medicare, Medicaid, SSI, Social Security, Veterans Administration benefits) being received by them.

2. Referrals:

   To assist these elderly through the service delivery system; by being an advocate (go between) and through referrals to service providers such as Medicare, Medicaid, SSI, Veterans Administration, Social Security, etc.

I will be contacting you either by phone or by letter in the near future, and would like to arrange a time when I can come to visit you in order to provide the above services.

In the Indian Way,

Community Coordinator
Urban Elderly Access Project

POTENTIAL ROLE OF NICOA

While one of the aims of NICOA in presenting this report and access model is to aid other programs, agencies and tribes in the development and implementation of similar survey efforts, it is important to bear in mind that NICOA does not view this report as an end in and of itself, but rather as a beginning. NICOA hereby reaffirms its own commitment to the cause of Indian elderly nationwide, and will continue to pursue efforts to enhance conditions impacting upon their lives. As a part of its commitment to the cause, NICOA envisions the following possible uses for this report and also NICOA's own potential role.

1. This report should be distributed to agencies such as AoA, ANA Grantees, and the various entitlement service agencies for their information.

2. This report, and its recommendations, should be disseminated among the federally recognized tribes and urban Indian projects, and aging programs across the nation.

3. NICOA, using this report as documentation of conditions and needs which are extant among the Indian elderly, will initiate active dialogue with service provider agencies and tribes with a view to assisting in or activating further outreach efforts in their service areas.

4. NICOA, by virtue of its own experience with survey efforts among American Indian elderly, stands ready to act as a consultative source to tribes and agencies to provide technical assistance and expertise in project design and implementation in other survey efforts similar to that described in this report. Depending on the needs of the inquiring tribe, agency, or urban project, NICOA could even go further in actually conducting survey efforts in their areas.

5. NICOA should become a clearing house and a dissemination point for information with regard to the needs of Indian elderly, survey efforts and results, and other information.

6. NICOA initiate and/or sponsor a convocation of service provider and tribal representatives to discuss and determine means of meeting the needs of their respective service populations, and to discuss possible networking of service provider agencies in order to meet widespread needs and to minimize duplication of effort.

PROGRAM PARTICIPATION: BY TRIBE AND AGGREGATE

DEPARTMENTS & PROGRAMS	JICARILLA	PINE RIDGE	PAPAGO	SILETZ	TOTAL
SOCIAL SECURITY:					
DISABILITY	0	12%	5%	22%	9%
RETIREMENT	8%	46%	30%	41%	37%
72+ BENEFITS	1%	1%	2%	7%	2%
SURVIVORS	5%	22%	3%	6%	12%
S.S.I.	42%	47%	47%	7%	45%
SOCIAL SECURITY:					
MEDICAID	7%	77%	1%	6%	39%
MEDICARE	23%	66%	38%	59%	51%
VETERANS ADMINISTRATION:					
PENSIONS	0	1%	2%	13%	2%
SURVIVORS	5%	1%	3%	4%	2%
U.S. DEPT. OF AGRICULTURE:					
COMMODITIES	0	10%	56%	13%	29%
FOOD STAMPS	1%	83%	17%	11%	49%
BUREAU OF INDIAN AFFAIRS:					
GENERAL ASSISTANCE	32%	5%	7%	11%	8%
TRIBAL DIVIDENDS:	86%	0	0	0	5%

WIDOWED PROGRAM PARTICIPATION: BY TRIBE AND AGGREGATE

DEPARTMENTS & PROGRAMS	JICARILLA		PINE RIDGE		PAPAGO		SILETZ		TOTAL		
	M	F	M	F	M	F	M	F	M	F	TOTAL
Social Security:											
DISABILITY	0	0	20%	9%	8%	1%	67%	33%	13%	5%	8%
RETIREMENT	10%	9%	64%	10%	32%	27%	100%	42%	46%	19%	29%
72+ BENEFITS	0	0	1%	3%	4%	3%	0	17%	3%	3%	3%
SURVIVORS	10%	5%	4%	78%	0	7%	0	17%	2%	38%	25%
S.S.I.	50%	36%	77%	62%	45%	50%	0	0	59%	53%	55%
Social Security:											
MEDICAID	0	5%	92%	88%	1%	0	0	25%	41%	39%	39%
MEDICARE	30%	14%	84%	84%	43%	40%	100%	58%	61%	58%	59%
Veterans Administration:											
PENSIONS	0	0	1%	0	1%	0	0	0	1%	0	*
SURVIVORS	0	14%	0	2%	3%	6%	0	0	1%	4%	3%
U.S. Dept. of Agriculture:											
COMMODITIES	0	0	10%	10%	67%	49%	33%	8%	38%	28%	32%
FOOD STAMPS	0	0	86%	87%	4%	21%	0	17%	40%	48%	45%
Bureau of Indian Affairs:											
GENERAL ASSISTANCE	50%	23%	3%	1%	4%	6%	33%	0	6%	4%	5%
Tribal Dividends:	90%	73%	0	0	0	0	0	0	4%	4%	4%